



Original Article

# Health Status of Persons Deprived of Liberty in a Jail Facility in the Philippines

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**Abstract.** This study addressed a local research gap by examining the health status of Persons Deprived of Liberty (PDLs) in a city jail in the Philippines, an area with limited setting-specific evidence despite broader studies on correctional conditions. It aimed to identify the physical, mental, social, and spiritual health needs of PDLs and provide evidence for appropriate health interventions. Using a quantitative descriptive cross-sectional design, the researchers employed purposive sampling and administered survey questionnaires to 523 respondents from male and female dormitories. The findings showed that hypertension was the most common health condition (12.4%), followed by asthma (4.2%). Respondents reported high levels of spiritual health ( $M = 3.91$ ), social belonging ( $M = 3.84$ ), and emotional resilience ( $M = 3.76$ ), all linked to religious activities and family connections. However, gaps were found in physical health services, particularly in adherence to daily maintenance medication, which received the lowest mean score ( $M = 2.88$ ). These gaps were linked to limited resources, including budget constraints and a low nurse-to-inmate ratio. Overall, the study found that while PDLs showed strengths in social, spiritual, and emotional well-being, access to physical healthcare remained inadequate. The study concludes that jail health programs need to be strengthened through more regular medical check-ups, improved access to medicines, and stronger wellness support for PDLs.

**Keywords:** Health status; Mental health; Persons Deprived of Liberty; Physical health; Social health; Spiritual health.

The Philippine Bureau of Jail Management and Penology (BJMP) faces persistent challenges in ensuring adequate health standards for persons deprived of liberty (PDLs), largely due to chronic overcrowding, limited resources, and inadequate health infrastructure. Provincial and city jails are particularly affected, with facilities originally designed for small populations now accommodating far beyond their intended capacity, creating serious public health risks (Alipoyo, 2022). The Philippines ranks among the countries with the most overcrowded jail facilities globally, with approximately 70% of BJMP jails reported as congested (United Nations Office on Drugs and Crime, 2023; Pio, 2023). These conditions contribute to compromised nutrition, sanitation, and access to healthcare, as reflected in findings from BJMP facilities in CALABARZON, where a significant proportion of PDLs were classified as underweight and reported inadequate daily food intake (Borsigue et al., 2023).

International standards emphasize that deprivation of liberty should not be equated with deprivation of fundamental rights, particularly the right to health. The Nelson Mandela Rules and the Bangkok Rules underscore the obligation of states to provide PDLs with healthcare services equivalent to those available in the community (The Nelson Mandela Rules, 2018; Penal Reform International, 2021). The World Health Organization reiterates that detention must not compromise the highest attainable standard of physical and mental health, regardless of the status of incarceration (WHO, 2022). However, environmental stressors such as overcrowding, poor ventilation, and limited medical personnel remain significant determinants of poor health outcomes among PDLs in Philippine jails (Basilio, 2022).

Comparative international experiences highlight alternative approaches to correctional healthcare. Research on rehabilitation-oriented systems, such as the Norwegian model, demonstrates that emphasizing vocational training and life skills over purely punitive measures significantly increases post-release employment and reduces recidivism (Bhuller et al., 2020). These models contrast sharply with the realities of many Philippine detention facilities and underscore systemic gaps in healthcare delivery for incarcerated populations. Addressing these gaps is also aligned with the United Nations Sustainable Development Goals, particularly SDG 3 (Good Health and Well-Being) and SDG 10 (Reduced Inequalities), which call for inclusive access to quality healthcare for all populations, including those in detention.

This study is grounded in Virginia Henderson's Nursing Need Theory, which emphasizes that nursing care should support individuals in meeting 14 fundamental human needs necessary for achieving independence and holistic well-being (Vera, 2024). Henderson's theory highlights that health is not merely the absence of disease but also the fulfillment of physiological, psychological, social, and spiritual needs. In the context of correctional facilities, PDLs remain entitled to the fulfillment of these essential needs despite their incarceration. However, environmental limitations, such as overcrowding, resource constraints, and limited healthcare services, may hinder PDLs' ability to achieve optimal health. Guided by Henderson's framework, this study examines the extent to which these fundamental needs are supported or compromised within jail settings, particularly in relation to the physical, mental, social, and spiritual dimensions of health.

The theoretical perspective is further supported by Maslow's Hierarchy of Needs, which explains that individuals must first satisfy basic physiological and safety needs before progressing toward higher-level needs such as belongingness, esteem, and self-actualization. Within correctional environments, basic needs such as adequate nutrition, hygiene, access to healthcare, safety, and rest may be challenged by institutional conditions. When these foundational needs are unmet, individuals' ability to maintain psychological stability, social relationships, and spiritual well-being may also be affected. Integrating Maslow's framework with Henderson's theory provides a layered understanding of how environmental and personal factors influence the overall health status of incarcerated individuals.

Together, these theoretical perspectives guided the study's conceptualization by framing health as a multidimensional construct encompassing physical, mental, social, and spiritual well-being. Demographic variables such as age, sex, civil status, length of stay, and existing medical conditions were considered important determinants of the extent to which these health needs are met among PDLs. By applying these theoretical foundations, the study provides a structured basis for assessing health conditions within jail facilities and for identifying areas where nursing interventions and institutional health programs may be strengthened.

Despite growing literature on jail conditions and PDL health, notable gaps remain. Much of the existing research relies on qualitative methods and self-reported data, limiting objectivity and generalizability. Moreover, there is a scarcity of quantitative, facility-level studies focusing on regional and city jails, which constrains the development of context-specific health interventions. To address the identified gaps in the literature, this study is guided by several central research questions focusing on the health status of Persons Deprived of Liberty PDLs within a Philippine jail facility. Specifically, the study seeks to determine: (1) What are the demographic characteristics of PDLs in terms of age, sex, civil status, length of stay in the jail facility, and existing diseases? (2) What is the health status of PDLs in terms of physical, mental, social, and spiritual dimensions? and (3) How do these demographic factors relate to the health status of PDLs across these four dimensions? These questions are intended to provide a structured assessment of the overall well-being of incarcerated individuals within the jail setting.

The formulation of these research questions was derived from the existing literature on correctional health and the theoretical foundations guiding the study. Previous studies have highlighted the influence of environmental and institutional conditions on the health outcomes of incarcerated populations. However, limited quantitative research has examined these relationships at the facility level in the Philippine context. Guided by Virginia Henderson's Nursing Need Theory, which emphasizes the fulfillment of fundamental human needs to achieve holistic well-being (Vera, 2024), the study frames health as a multidimensional construct encompassing physical, mental, social, and spiritual aspects. By systematically examining these dimensions alongside demographic factors, the research aims to generate evidence to inform nursing practice, health service delivery, and program development in jail facilities.

## **Methodology**

### **Research Design**

The researchers adopted a quantitative approach, which is a systematic method focused on quantifying data, variables, and characteristics through statistical and numerical analysis. This research employed a descriptive cross-sectional research design, which is appropriate for systematically describing the existing health conditions of PDLs at the BJMP. Descriptive research aims to provide an accurate portrayal of characteristics and phenomena as they naturally occur, without manipulating variables. The design allowed the researchers to collect structured data and examine patterns across identified health dimensions at a single point in time.

### **Participants and Sampling Technique**

The study involved PDLs confined within the Male and Female Dormitories of a Philippine District Jail. Out of a total population of 555 PDLs, 523 were selected to participate. The inclusion criteria required respondents to be currently detained in the facility and willing to participate in the survey voluntarily. Individuals were excluded if they participated in the initial pilot testing or if jail authorities restricted their participation due to the highly sensitive nature of their legal cases.

The researchers employed Purposive Sampling, a non-probability sampling technique where subjects are selected based on specific characteristics and the objectives of the study. While the researchers initially aimed for Total Population Sampling to ensure complete representation, institutional constraints and the need to conduct pilot testing within the same facility led to a transition to a purposive approach. This method was chosen to ensure that the final sample consisted of respondents directly relevant to the research objectives and capable of providing accurate data on their physical, mental, social, and spiritual health. By excluding the 30 PDLs involved in pilot testing and those with restricted access, the researchers maintained a sample size that represented 94% of the total available population, ensuring high data reliability.

### **Research Instrument**

The research instrument used in this study was a researcher-developed questionnaire designed to assess the health status of PDLs. The development of the instrument was guided by Virginia Henderson's Nursing Need Theory, which emphasizes the fulfillment of fundamental human needs to achieve holistic well-being (Vera, 2024). Consistent with this theoretical framework, the questionnaire was structured to evaluate four key dimensions of health—physical, mental, social, and spiritual well-being—which reflect the multidimensional nature of health needs among incarcerated individuals.

The instrument consisted of five parts: (1) demographic profile and a self-developed Health Status Survey Questionnaire covering (2) physical health, (3) mental health, (4) social health, and (5) spiritual health. The demographic profile included respondents' age, sex, civil status, current length of stay in the jail facility, and existing disease(s). Length of stay was categorized into five groups: below one (1) year; one (1) year and one (1) day to three (3) years; three (3) years and one (1) day to five (5) years; five (5) years and one (1) day to seven (7) years; and seven (7) years and above. Existing diseases were identified using a checklist that included hypertension, diabetes mellitus, thyroid disease, heart disease, asthma, pulmonary tuberculosis, allergies, and other conditions specified by the respondent, thereby enabling a broader understanding of respondents' health conditions.

The Health Status Survey Questionnaire consisted of twenty (20) items, divided equally into four domains: physical, mental, social, and spiritual health. Each item was measured using a 4-point Likert scale adapted from standard Likert-type response formats (Bhandari, 2020), with response options Always, Sometimes, Seldom, and

Never to determine the frequency of health-related experiences among PDLs. This scaling approach enabled the researchers to capture variations in respondents' perceived health experiences across the four dimensions.

To ensure the instrument's validity, content validation was conducted by five experts from relevant professional backgrounds: a BJMP personnel member, a registered psychometrician, a registered nurse, a researcher, and a spiritual leader. Since the questionnaire was administered in Tagalog, a Filipino teacher also reviewed the instrument to ensure linguistic accuracy and cultural appropriateness. The experts evaluated the questionnaire for clarity, relevance, and comprehensiveness relative to the study variables. Their recommendations were incorporated to refine the questionnaire's wording, structure, and content, thereby strengthening its content validity.

Following the validation process, the instrument underwent pilot testing with 30 PDLs from the same facility who were not included in the final sample. The pilot test aimed to assess the clarity of the items, identify potential ambiguities, and determine the instrument's internal consistency reliability. Reliability analysis was conducted using Cronbach's alpha coefficient. The results indicated acceptable to excellent levels of reliability across the four domains: physical health ( $\alpha = .758$ ), mental health ( $\alpha = .934$ ), social health ( $\alpha = .788$ ), and spiritual health ( $\alpha = .971$ ). These values demonstrate satisfactory to very high internal consistency, indicating that the items within each domain reliably measure the intended health constructs. Feedback from pilot testing was used to make minor revisions to the questionnaire before its administration in the main study.

### **Data Gathering Procedure**

The researchers collected data through a structured, face-to-face survey at a Philippine District Jail Male and Female Dormitories. The researchers personally administered the self-made Survey Questionnaire to each respondent to ensure accuracy and completeness of responses. Before the actual data collection, a pilot test was conducted on 30 PDLs to test the clarity, reliability, and feasibility of the questionnaire. These respondents were excluded from the main study sample. During data collection, the researchers explained the purpose of the study, provided instructions for completing the questionnaire, and addressed any concerns or questions respondents had. Each respondent completed the questionnaire individually, with researchers assisting only when needed, particularly for respondents with literacy or comprehension difficulties. Responses were recorded on the instrument, and each questionnaire was assigned a number to maintain anonymity. No interventions, pre- or post-tests, control, or treatment groups were used, as the study was descriptive and aimed solely at assessing and describing the health status of the PDLs.

### **Data Analysis Procedure**

The collected data were quantitative and analyzed using a descriptive cross-sectional research design. Frequency counts, percentages, means, and standard deviations were calculated to summarize the respondents' demographic profile and health status. Tables and charts were used to visually present patterns, trends, and relationships among the variables. The instrument's validity and reliability were ensured through expert validation and pilot testing. The internal consistency of the questionnaire was assessed using Cronbach's alpha, which confirmed its reliability. The researchers ensured the trustworthiness of the data by systematically recording responses, double-checking entries for accuracy, and conducting preliminary analysis to identify inconsistencies or outliers. All quantitative analyses were performed using statistical software, thereby ensuring precision in computation and interpretation.

### **Ethical Considerations**

Given that the respondents were a vulnerable population, strict ethical standards were followed throughout the research process. The researchers ensured that participation in the study was entirely voluntary and that no form of coercion or pressure was applied to the respondents. Prior to data collection, the purpose of the study, procedures, and participants' rights were clearly explained through a comprehensive discussion of the study's purpose, procedures, potential risks, and benefits of the informed consent. Respondents were informed that their participation was optional and that they had the right to decline participation or withdraw from the survey at any stage without any penalties or negative consequences.

To further safeguard voluntary participation, measures were implemented to minimize potential pressure from authority figures within the facility. Jail officers and jail nurses were not present in the immediate area during the survey administration to prevent any perceived influence on respondents' decisions to participate or on their

responses. Participants were also reassured that all information gathered would remain confidential and that their personal data would not be disclosed, in compliance with the Data Privacy Act of 2012 (Republic Act No. 10173, 2012). These measures were undertaken to ensure that respondents could freely decide whether to participate and provide honest responses without fear of judgment or repercussions. Sensitive questions were handled with care, respect, and empathy to avoid distress or discomfort, in accordance with the Code of Conduct and Ethical Standards for Public Officials and Employees (Republic Act No. 6713, 1989).

Clearance to conduct the study was secured from the BJMP Regional Office CALABARZON. The research followed the National Ethical Guidelines for Research Involving Human Participants and the Standard Operating Procedures on the Conduct of Research in BJMP (BJMP-DPD-SOP-008). The research adviser, the Dean of the College of Nursing, and participating institutions approve the study.

Through these measures, the researchers ensured the protection, rights, and welfare of all respondents while maintaining the integrity and credibility of the study.

## Results and Discussion

### Demographic Data

Table 1 reveals that the largest respondent group is aged 35–44 (37.0%), followed by 25–34 (23.9%) and 45–54 (23.5%). These findings align with Balita (2024), who noted that approximately 26,500 Philippine inmates were aged 40–59 as of November 2022. The majority are middle-aged, independent, and physically active in labor tasks, while the small elderly population remains limited by the facility's steep architecture. Psychosocially, the 35-44 age group faces the "Generativity vs. Stagnation" stage; however, incarceration often triggers stagnation as restricted freedom prevents them from fulfilling meaningful societal roles.

**Table 1.** Demographic data of the respondents when grouped according to their age

Age Bracket	Frequency	Percentage (%)
18-24	32	6.2%
25-34	124	23.9%
35-44	192	37.0%
45-54	122	23.5%
55-64	42	8.1%
65 and above	7	1.3%

**Table 2.** Demographic data of the respondents when grouped according to their sex

Sex	Frequency	Percentage (%)
Male	487	93.1%
Female	36	6.9%

**Table 3.** Demographic data of the respondents when grouped according to their civil status

Civil Status	Frequency	Percentage (%)
Single	324	62.8%
Married	131	25.4%
Widowed	14	2.7%
Separated	44	8.5%
Annulled	1	0.2%
Divorced	1	0.2%
Did Not Mention	1	0.2%

Table 2 shows a significant gender disparity, with 487 male respondents (93.1%) compared to 36 females (6.9%). This distribution reflects the facility's physical structure, where male dormitories vastly outnumber female units, necessitating more resources for the male population. These findings are consistent with data from the Philippine Statistics Authority, which reported that male PDLs consistently outnumbered females in Bohol from 2021 to 2023 (Tac-An, 2024).

Table 3 indicates that the majority of respondents are Single (62.8%), followed by Married (25.4%), with smaller percentages for Separated (8.5%) and Widowed (2.7%). Researchers noted that "Single" often includes those in common-law or domestic partnerships not legally recognized. This high rate of single status may lead to increased loneliness and emotional stress due to a lack of spousal support, hindering rehabilitation. These findings align with those of Martinez (2019), in which 55.66% of PDLs in Santiago City were single, suggesting that single

individuals may feel less constrained by familial consequences. Ultimately, separation from loved ones remains a significant emotional challenge for both the PDL and their family (Cerbania & Magbojos, 2024).

Table 4 shows that the majority of respondents have stayed for 1 to 3 years (39.7%) or less than 1 year (36.2%). Longer stays include 3 to 5 years (14.3%) and 5 to 7 years (6.8%), while only 2.7% have exceeded 7 years. The researchers found that prolonged detention is primarily driven by a slow legal process, in which cases are often "buried" or hearings are frequently rescheduled. This systemic backlog leads to overcrowding and psychological distress for the accused. Narag (2018) supports these findings, noting that PDLs average 658 days in pretrial detention. His data highlights severe inefficiencies: 16.5% of Regional Trial Court (RTC) detainees exceed the 3-year limit, and some individuals have spent over 10 years in jail only to be eventually acquitted.

**Table 4.** Demographic data of the respondents when grouped according to their current length of stay in the jail facility

Current Length of Stay in the Jail Facility	Frequency	Percentage (%)
Less than 1 year	187	36.2%
1 to 3 years	205	39.7%
3 to 5 years	74	14.3%
5 to 7 years	35	6.8%
More than 7 years	14	2.7%
Did Not Mention	1	0.2%

Table 5 identifies Hypertension (12.4%) as the most prevalent health condition among the respondents, followed by Asthma (4.2%) and Allergies (4.0%). While these conditions may have been pre-existing prior to incarceration, the jail environment is documented as a significant contributing factor to the management or exacerbation of such illnesses. Environmental stressors common in Philippine detention facilities, such as chronic overcrowding, poor ventilation, and extreme temperatures, are recognized as key determinants that negatively impact the health outcomes of PDLs (Basilio, 2022; UNODC, 2023). Furthermore, the lack of consistent access to medical personnel—highlighted by your finding of a 1:487 nurse-to-patient ratio—and limited dietary options within the facility are known to hinder the effective management of chronic conditions (Borsigue et al., 2023; Patlunag, 2020). These systemic challenges suggest that the jail setting may aggravate pre-existing health issues, necessitating more targeted nursing interventions. While Patalen et al. (2023) noted a decrease in hypertension among the general Filipino population, the unique stressors of incarceration place PDLs at a distinct disadvantage (Rosa et al., 2024).

**Table 5.** Demographic data of the respondents when grouped according to their existing disease

Existing Disease	Frequency	Percentage (%)
Hypertension	65	12.4 %
Diabetes Mellitus	13	2.5 %
Thyroid Disease	2	0.3 %
Heart Disease	4	0.8 %
Asthma	22	4.2 %
Pulmonary Tuberculosis	11	2.1 %
Allergies	21	4.0 %
<b>Comorbidities</b>		
Hypertension with Heart Disease	5	10.0%
Hypertension with Allergy	3	0.5%
Thyroid Disease with Heart Disease	1	0.2%
Hypertension with Diabetes	7	1.3%
Hypertension with Tuberculosis	2	0.3 %
Diabetes with Allergy	1	0.2%
Asthma with Allergy	1	0.2%
Asthma with Tuberculosis	1	0.2%
Hypertension with Asthma	1	0.2%
Others	46	8.8 %

Applying Virginia Henderson’s Nursing Need Theory, these findings highlight a failure to meet fundamental health needs, such as proper nutrition and a safe environment. The high incidence of chronic illness underscores the necessity for targeted nursing interventions and specialized medical programs within the jail facility to compensate for the PDLs' inability to manage their health independently.

## Health Status of Respondents

Table 6 reveals an overall mean score of 3.30, indicating that PDLs only "sometimes" engage in physical health practices. The highest-rated indicator was participation in creative activities ( $M = 3.54$ ), aligning with Fadare et al. (2023) regarding the value of recreational amenities for stress relief. While "eating nutritious food" also scored highly ( $M = 3.46$ ), researchers noted that this contradicts the ₱70 daily food allocation cited by the Commission on Human Rights (2024), suggesting PDLs may have internalized poor nutrition as a norm.

**Table 6.** Health status of the respondents when grouped according to their physical health

Physical Health Assessment		Mean	SD	Remarks
<b>Respondents with Existing Disease</b>				
1.	I receive medical check-ups and health assessments from the facility.	3.24	1.00	Sometimes
2.	I take my daily maintenance medication.	2.88	1.19	Sometimes
<b>Respondents Without Existing Disease</b>				
3.	I take steps to manage symptoms such as coughs, colds, and headaches.	3.07	1.05	Sometimes
4.	I eat nutritious food that meets my dietary requirements.	3.46	0.80	Always
5.	I participate in activities like dance, singing, and art, which help me build confidence.	3.54	0.74	Always
<b>Overall</b>		<b>3.30</b>	<b>0.95</b>	<b>Always</b>

*Note.* 1.00 to 1.75 (Never); 1.76 to 2.50 (Seldom); 2.51 to 3.25 (Sometimes); 3.26 to 4.00 (Always)

Access to medical check-ups ( $M = 3.24$ ) and symptom management ( $M = 3.07$ ) were both rated "sometimes," indicating irregular access and a critical staffing ratio of 1 nurse for 487 male PDLs. This underscores Patlunag's (2021) findings on insufficient funding and irregular doctor visits. Although "Health Coordinators" assist with early disease detection, the lowest-rated area was daily medication management ( $M = 2.88$ ), due to budget constraints and limited patient education. While Shelly (2024) describes consistent medical adherence in well-funded systems, this study reveals significant service gaps in the Philippines. According to Virginia Henderson's Nursing Need Theory, overburdened nursing capacity prevents the fundamental health needs of PDLs from being met, necessitating improved health programming and an integrated care model.

Table 7 reflects a positive mental health status among respondents, with an overall mean of 3.53 ( $SD = 0.795$ ), interpreted as "Always." The highest-rated indicator was the ability to sleep well ( $M = 3.76$ ), followed by participation in the Therapeutic Community Program ( $M = 3.71$ ). These results suggest that PDLs have adapted to their environment and benefit from structured routines that address psychological needs, even within crowded conditions. Emotional support from family visits ( $M = 3.52$ ) also scored highly, reinforcing the "buffering approach," in which social support mitigates the stress of incarceration and aids rehabilitation (Cerbania & Magbojos, 2024; Landagan & Sunga-Vargas, 2020).

**Table 7.** Health status of the respondents when grouped according to their mental health

Mental Health Assessment		Mean	SD	Remarks
1.	I can easily report concerns about my mental health and receive appropriate follow-up care.	3.35	0.93	Always
2.	I participate in stress management activities in the facility.	3.34	0.90	Always
3.	I feel emotionally supported through the interactions of my family when they visit me.	3.52	0.82	Always
4.	I can sleep well at night.	3.76	0.59	Always
5.	I take part in the "Therapeutic Community Program", which helps me think positively.	3.71	0.71	Always
<b>Overall</b>		<b>3.53</b>	<b>0.79</b>	<b>Always</b>

*Note.* 1.00 to 1.75 (Never); 1.76 to 2.50 (Seldom); 2.51 to 3.25 (Sometimes); 3.26 to 4.00 (Always)

Furthermore, respondents reported ease in reporting mental health concerns ( $M = 3.35$ ) and active participation in stress management ( $M = 3.34$ ). According to Virginia Henderson's Theory, these findings indicate that the facility and its nursing staff are effectively meeting fundamental needs for rest, communication, and emotional well-being. By maintaining family connections and providing therapeutic programming, the facility helps protect PDLs from the negative psychological impacts typically associated with overcrowding.

Table 8 reveals a high overall mean score of 3.65 ( $SD = 0.685$ ), indicating that PDLs "always" engage in social health practices. The highest-rated indicators were a sense of belonging and safety ( $M = 3.84$ ) and staying connected with family ( $M = 3.76$ ), highlighting the importance of supportive environments and emotional bonds during incarceration. Rehabilitation programs ( $M = 3.73$ ) and active participation in social relationship-building ( $M = 3.70$ ) were also viewed very positively as tools for successful reintegration.

**Table 8.** Health status of the respondents when grouped according to their social health

Social Health Assessment	Mean	SD	Remarks
1. I have access to training or educational opportunities for livelihood that help me develop skills.	3.24	0.92	Sometimes
2. I stay connected with my family and loved ones.	3.76	0.66	Always
3. I actively participate in programs that help me form positive relationships and engage with others in the facility.	3.70	0.63	Always
4. I feel a sense of belonging and safety within this community.	3.84	0.55	Always
5. The rehabilitation programs help me prepare for reintegration into society, building the skills and connections I need.	3.73	0.64	Always
<b>Overall</b>	<b>3.65</b>	<b>0.68</b>	<b>Always</b>

*Note.* 1.00 to 1.75 (Never); 1.76 to 2.50 (Seldom); 2.51 to 3.25 (Sometimes); 3.26 to 4.00 (Always)

The lowest-rated indicator was access to livelihood training and educational opportunities ( $M = 3.24$ ), marked as "sometimes." While the BJMP provides initiatives such as the Technical Education and Skills Development Authority (TESDA) agricultural programs and bead-crafting, which offer allowances to address financial needs (Agustin et al., 2024), researchers noted that access remains inconsistent. Some PDLs manage small "sari-sari" stores within the facility to foster productivity, yet scheduling and resource limitations prevent universal participation. Applying Virginia Henderson's Nursing Need Theory, these results emphasize the fundamental human need for meaningful work and a sense of accomplishment. Ensuring consistent access to these opportunities is essential for promoting the autonomy and self-actualization required for PDLs to function at their highest potential post-release.

Table 9 displays a high overall mean of 3.91 ( $SD = 0.414$ ), indicating that the respondents maintain a consistently high level of spiritual belief and religious engagement. The data show that PDLs strongly affirm beliefs in God's love ( $M = 3.94$ ) and maintain a sense of life purpose ( $M = 3.93$ ) despite their current circumstances. These high scores across all indicators—including personal relationship with God ( $M = 3.90$ ) and participation in religious services ( $M = 3.88$ )—demonstrate that spirituality is a deeply integrated aspect of the respondents' lives during incarceration.

**Table 9.** Health status of the respondents when grouped according to their spiritual health

Spiritual Health Assessment	Mean	SD	Remarks
1. I believe that God loves me and cares about me.	3.94	0.37	Always
2. I have a personal relationship with God.	3.90	0.42	Always
3. I believe that God is concerned about my problems.	3.92	0.42	Always
4. I participate in religious services, which help me strengthen my faith.	3.88	0.46	Always
5. I believe there is some real purpose for my life.	3.93	0.38	Always
<b>Overall</b>	<b>3.91</b>	<b>0.41</b>	<b>Always</b>

*Note.* 1.00 to 1.75 (Never); 1.76 to 2.50 (Seldom); 2.51 to 3.25 (Sometimes); 3.26 to 4.00 (Always)

This high level of engagement is supported by the facility's Interfaith Program, which provides PDLs the opportunity to practice their faith without discrimination, subject to safety and security measures. Through this program, BJMP chaplains, imams, and leaders of accredited religious organizations facilitate services such as mass celebrations, communal prayers, spiritual counseling, and catechism. The consistency of these high ratings suggests that the facility's environment, through these structured religious services, effectively supports the maintenance of faith. In alignment with Virginia Henderson's Nursing Need Theory, these findings underscore that meeting spiritual needs is a fundamental component of the holistic health of the incarcerated population, regardless of their al or social limitations.

## Conclusion

This study contributes important evidence on the current state of physical health services among PDLs in a Philippine District Jail, revealing that the presence of a health services program alone does not guarantee consistent and adequate healthcare delivery. While basic health services are established, the findings highlight gaps in the regularity of medical check-ups, access to maintenance medications, and continuity of care, particularly for PDLs with chronic conditions. These gaps underscore the vulnerability of the incarcerated population and the need for a more systematic and sustained approach to jail healthcare.

In terms of practice, the results emphasize the need to strengthen routine health monitoring, ensure uninterrupted access to essential medications, and improve medication adherence through proper supervision and support mechanisms. The proposed integration of telemedicine offers a practical, innovative solution to address the

persistent shortage of healthcare professionals in jail settings, enabling timely consultations, follow-up care, and medical decision-making without logistical constraints.

From a policy perspective, the study supports the need for stronger collaboration between jail management, the Department of Health (DOH), local government units (LGUs), and non-government organizations (NGOs). Such partnerships can enhance resource allocation, ensure the availability of medicine, and promote policies that recognize healthcare as a fundamental right of PDLs. Institutionalizing telemedicine and regular health assessments within jail health policies can significantly improve access to healthcare and equity.

In education, the findings highlight the importance of health education programs for PDLs to promote self-care, early symptom recognition, and hygienic practices. Moreover, the study underscores the need to integrate jail health nursing and correctional healthcare concepts into the nursing curriculum to prepare future nurses for providing holistic, ethical, and culturally responsive care to this marginalized population.

In terms of research, this study provides a foundation for future investigations into jail health services. Further studies employing qualitative designs, larger sample sizes, and broader geographic coverage are recommended to deepen understanding of PDL health needs. Future research may also explore additional variables, such as mental health, nutritional status, and social determinants of health, and test hypotheses generated from the present findings. These efforts can contribute to evidence-based interventions and more informed health policies aimed at improving the overall well-being of Persons Deprived of Liberty.

## Contributions of Authors

**Author 1:** Title creation, conceptualization, literature review, research design, instrument development, data gathering, data analysis, preparation of the initial abstract and theoretical components interpretation of results, manuscript drafting, and final revision.

**Author 2:** Title creation, conceptualization, literature review, research design, instrument development, data gathering, data analysis, preparation of the initial abstract and theoretical components, and manuscript review.

**Author 3:** Title creation, literature review, instrument development, data gathering and contribution to manuscript drafting and preparation.

**Author 4:** Title creation, literature review, instrument development, data gathering and contribution to manuscript drafting and preparation.

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The authors declare no conflict of interest.

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