

Contagious Diseases in Provincial Jail in the Philippines: A Framework for Enhanced Management Response

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Date received: April 7, 2025

Date revised: June 8, 2025

Date accepted: July 3, 2025

Originality: 99%

Grammarly Score: 99%

Similarity: 1%

Recommended citation:

Aguilar, M., & Magtaan, P. (2025). Contagious diseases in provincial jail in the Philippines: A framework for enhanced management response. *Journal of Interdisciplinary Perspectives*, 3(8), 121-131.

<https://doi.org/10.69569/jip.2025.227>

Abstract. This study identified challenges, awareness, and practices related to the management of contagious diseases in the Provincial Jail of Occidental Mindoro, enabling an improved response. Respondents included 242 Persons Deprived of Liberty (PDLs) and 69 jail staff. A self-designed questionnaire was used to conduct descriptive-correlational research. Most respondents were male, single, and high school-level, and were Persons Deprived of Liberty (PDLs) without contagious diseases. Access to health information, prison conditions, and health management were significant issues. Despite these obstacles, they understood contagious diseases and practiced hygiene and health in jail. Profile-based challenges, awareness, and practices differed significantly. Challenges and awareness, as well as challenges and practices, and awareness and practices, were also related. This study addresses a critical gap in understanding how health awareness and preventive practices influence the management of contagious diseases in Philippine jails. The findings are relevant because Philippine health policies and ASEAN health frameworks emphasize the improvement of public health responses in resource-limited settings. Implementing health-promoting strategies, conducting risk assessments, and collaborating with the Provincial Government, Non-Government Organizations (NGOs), and national health agencies to develop ASEAN-aligned Contagious Disease Emergency Response Guidelines is essential for controlling contagious diseases.

Keywords: Contagious diseases; Enhanced management response; Health protocols; Hygiene practices; Person Deprived of Liberty (PDL).

1.0 Introduction

Due to overcrowding, poor sanitation, inadequate healthcare infrastructure, and limited health information, correctional institutions worldwide are especially vulnerable to contagious diseases. In the Philippines, systemic issues are critical. It has one of the highest incarceration rates in the world, with over 215,000 PDLs in facilities designed for 41,000 (Burki, 2020). By overcrowding, jails become breeding grounds for communicable diseases like COVID-19, TB, hepatitis, and HIV, which disproportionately affect inmates and staff.

COVID-19 highlighted the fragility of correctional health systems. The Correctional Institution for Women in Mandaluyong had 82 cases and three deaths from COVID-19 in the first year of the pandemic. The New Bilibid Prison had 140 infections and 12 deaths. Medical neglect in prisons was widespread; in Myanmar, only 30 doctors and 80 nurses served a population of 92,000 inmates (Mei et al., 2024). Robert Buckland, the UK Justice Secretary,

warned of up to 1,800 inmate infections in early pandemic projections, highlighting how correctional systems worldwide faced similar health threats (Burki, 2020). Health literacy, one of the most effective tools for disease prevention, is often neglected in many correctional health responses. According to the WHO, health literacy is the cognitive and social ability to access, understand, and apply health information. Health literacy enables incarcerated individuals and jail staff to make informed decisions, thereby reducing the transmission of diseases, according to Sarimehmet et al. (2024). Many correctional facilities, including those in the Philippines, have low health literacy and poor management strategies.

The Occidental Mindoro Provincial Jail (Mamburao and Magbay) exemplifies these national issues. This Provincial Government-run jail has 242 PDLs and 69 staff. It was governed by Ordinance 97, issued by the Sangguniang Panlalawigan Office, which placed the Provincial Governor's Office under the Executive Department, including the Provincial Jail. It listed the duties of the Provincial Jail Division, including the Assistant Warden's Office, and two branches (paragraphs 5.1.d.1 to 5.1.d.2). The facility had 32 PDLs and two jail staff infected with COVID-19. With 305 cases and 1,576 deaths in 2022, the MIMAROPA Center for Health Development showed how a global crisis affects local communities. Underreporting and delayed intervention may have been caused by PDL and staff unawareness of communicable diseases. We know that sanitation and healthcare are important in prisons. However, we do not know how institutional health literacy among PDLs and staff affects disease prevention and management in Philippine provincial jails. This study examines the awareness, challenges, and practices of contagious disease management in the Occidental Mindoro Provincial Jail to fill that gap.

2.0 Methodology

2.1 Research Design

The study employed a descriptive-correlational research design, which identifies and reveals patterns of change in specific settings. This design was used to infer differences and relationships between the observations of respondents on the challenges in dealing with contagious diseases, the implementation of health practices and protocols, and their awareness in dealing with contagious diseases, grouped according to profile variables.

2.2 Research Locale

The Occidental Mindoro Provincial Jail has two branches: Mamburao I and Magbay, San Jose II. Sites hosted this study. They house 242 PDLs while 69 provincial jail staff supervise them. The study site was the Provincial Jails in Occidental Mindoro due to its health literacy gaps, limited healthcare access, and overcrowding. Following the COVID-19 pandemic, 34 infections were confirmed at the facility, highlighting systematic deficiencies in disease prevention and response. By focusing on infectious disease prevention in vulnerable populations, including prisoners and jail staff, this study helps the national and ASEAN governments improve prison health.

2.3 Research Participants

The study included 69 staff members and 242 Persons Deprived of Liberty (PDLs) from the two branches of the Provincial Jail of Occidental Mindoro: Provincial Jail I in Mamburao and Provincial Jail II in Magbay, San Jose, Occidental Mindoro. The population's small size allowed the researcher to use total population sampling, a form of purposive sampling that includes all members who meet the criteria and can determine facility health awareness, practices, and communicable disease issues. To document the perspectives of all Jail staff and PDL, this method was chosen. The jails had wardens, guards, and administrative staff, and PDLs were chosen based on their detention status to help diagnose facility health awareness, practices, and communicable disease issues.

2.4 Research Instrument

The Provincial Jail of Occidental Mindoro's PDLs and jail staff were assessed on their challenges, awareness, and practices regarding contagious diseases using a self-made structured questionnaire. The instrument had three parts. Part I covers respondents' age, sex, marital status, education, and history of infectious diseases. Part II addressed respondents' concerns about contagious diseases, including jail operations, health protocols, and access to information. PDLs and jail staff were tested on their awareness of contagious diseases in Part III. Part IV assessed PDL's hygiene and disease control protocols. A panel of three public and correctional health experts validated it. Following their feedback, the questionnaire was clarified and made relevant. Pilot tests were also conducted to assess the consistency of the construct.

2.5 Data Gathering Procedure

Before distributing questionnaires, permission was requested from the Provincial Government Office and the Provincial Warden's Office. Participants were asked for approval. After explaining the research, respondents had time to complete the survey. The study's purpose and data privacy were explained. After retrieving the questionnaire, the data were encoded. Tables and statistical tools were used to address study issues. The data was collected and analyzed using reliable statistical methods.

2.6 Data Analysis

This study used frequency and percentage in the demographic profile, and weighted mean and ranking for the observation on the three significant variables of the study. The Shapiro-Wilk Test was used to demonstrate an irregular distribution of data, indicating the need for non-parametric testing. Specifically, the Mann-Whitney U test was employed for two categories and the Kruskal-Wallis test for three categories. The relationships between the key metrics were examined to determine whether they were significant using Spearman's rho. The results of the study were further explained by using an alpha level of 0.05 and PASW version 26 software to conduct a statistical analysis.

2.7 Ethical Considerations

This research study followed ethical guidelines. The researchers maintain confidentiality throughout the study. Before using their data in statistical studies, the Provincial Government's Office, Provincial Warden, and respondents granted consent. The information submitted by respondents was confidential. Their identities were kept undisclosed. The authors, data, previous research, books, and journals were correctly recognized. The researcher took extreme precautions by double-checking the participants' answers before collecting the responses. Furthermore, the data gathering tool underwent an ethics review by the Lyceum of the Philippines University, Batangas, Ethics Review Committee, under RERC Code: A1 2025-340, prior to its distribution to the study respondents.

3.0 Results and Discussion

Table 1 shows that the majority of respondents were 36–45 years old (27%); there were 287 more men than women, representing 92.3%; 162 respondents were single (52.1%), and 92 were high school graduates (30.2%); and 135 respondents (43.4%) reported not having any contagious diseases during the survey. The findings on age, sex, and marital status were similar to the research of Balita (2024) that approximately 26.5 thousand were between the age of 40 to 59 years old, over 89 percent were males while roughly 11 percent of them were females; more than 27 thousand were single in the National Penitentiary of the Philippines. The findings of this study differ from those of Balita (2023) in terms of educational attainment, which found that around 15,000 PDLs in the Philippines attained an elementary-level education. Although the study found that the majority of respondents do not experience contagious diseases, some of them did contract infections and skin diseases. Similarly, in 2020, the International Committee of the Red Cross (ICRC) posited that the jail population faces significant health risks due to contagious diseases. Overcrowding, poor sanitation, and limited access to healthcare create an environment where infectious diseases can spread rapidly.

Table 2 illustrates the challenges encountered by the Provincial Jail in addressing contagious diseases. With a mean score of 3.14, all respondents agreed with the provided indicators. The jail environment and management, as well as the implementation of health practices and protocols, received a mean score of 3.15. The infectious disease outbreaks are complicated by prison housing, limited patient isolation space, abrupt resident movement, and residents' reluctance to disclose symptoms or behaviors due to stigma, medical payments, disciplinary action, or medical isolation. The finding was strengthened by Kendig et al. (2024), who noted that prison management must include housing disinfection guidelines and health protocols to prevent the transmission of COVID-19.

Meanwhile, access to health information is the most limited (3.12). This is evident since the PDL was deprived of access to mainstream media and public information. New diseases such as COVID-19 may be introduced to the facility; however, the latest information about the death toll and other details may be unavailable inside the facility, but the management introduces intensive health practices to prevent its spread, like the privilege of visitation. This finding aligns with the research of Greenhalgh and Provencher (2022), which suggests that overcrowding significantly contributes to limited access to health information. The lack of space, limited staff, and inadequate resources make it difficult to provide comprehensive health education and information to inmates. Additionally, Vandergrift and Christopher (2022) suggest that individuals with low literacy and health literacy

levels face challenges in comprehending complex health information. This can hinder their ability to make informed decisions about their health and participate in their care. Finally, Berglund (2025) and Prost et al. (2019) cited that access to health information is a critical factor in this regard.

Table 1. *Percentage Distribution of the Respondents' Profile*

Indicators	Frequency	Percentage %
Age		
18 – 25 years old	61	19.6
26 – 35 years old	82	26.4
36 – 45 years old	84	27.0
46 – 55 years old	48	15.4
56 – 65 years old	36	11.6
Sex		
Male	287	92.3
Female	24	7.7
Civil Status		
Single	162	52.1
Married	140	45.0
Separated	6	1.9
Widowed	3	1.0
Highest Educational Attainment		
Elementary Level	75	24.1
Elementary Graduate	22	7.1
High School Level	94	30.2
High School Graduate	18	5.8
College Level	39	12.5
College Graduate	56	18.0
Vocational Graduate	7	2.3
Contagious Diseases Experienced		
Lung Disease like Tuberculosis	28	9.0
Infections like Boils	77	24.8
Sexually Transmitted Disease	1	.3
Coronavirus (COVID-19)	15	4.8
Skin Diseases like Eczema	40	12.9
Others	15	4.8
None	135	43.4

Table 2. *Challenges Encountered in Dealing with Contagious Diseases inside Provincial Jail*

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Jail Environment and Management	3.15	Agree	1.5
2. Implementation of Health Practices and Protocols	3.15	Agree	1.5
3. Access to Health Information	3.12	Agree	3
Composite Mean	3.14	Agree	

Legend: 3.50 – =4.00 = Strongly Agree; 2.50 – 3.49 = Agree; 1.50 – 2.49 = Disagree; 1.00 - 1.49 = Strongly Disagree

Table 3. *Level of Awareness in Dealing with Contagious Diseases inside Provincial Jail*

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Concepts of Diseases	2.96	Aware	2
2. Causes of Contagious Diseases	3.09	Aware	1
Composite Mean	3.02	Aware	

As shown in Table 3, the summary provides an overview of the Provincial Jail's knowledge on how to handle contagious diseases. The respondents are aware of the given indicators, which show a composite mean of 3.02. Nakonechnyi and Pallot (2023) cited in their study that knowledge of the etiology and pathology of infectious diseases has challenged nineteenth- and twentieth-century theories regarding the bacteriological revolution that underlies the new therapies applied to control epidemics in developed countries.

Among the indicators, awareness of the concept of diseases got the lowest mean score of 2.96. Limited educational resources, healthcare access, and health stigma often cause prisoners to lack knowledge of diseases. Treatments and prevention of diseases become more difficult for prisoners. Improved healthcare and education are needed to overcome these gaps. Contagious diseases require knowledge of many epidemiological criteria. To prevent and control infectious diseases, several key factors must be considered, including transmission mode, incubation period, asymptomatic population, carriers, disease severity, environmental persistence, vaccine availability, and

treatment options (Straif-Bourgeois et al., 2023). Chatterjee and Chauhan (2020) also claimed that awareness of contagious diseases will motivate people to stay connected and take action.

On the other hand, causes of contagious diseases had the highest mean of 3.09, which denotes that prisoners may practice better hygiene, avoid close contact with infected individuals, and follow health guidelines. Diseases could be reduced in prison, improving health and safety. For instance, incarcerated individuals are one of the priority groups to be protected from contagious diseases; few are aware, have perceptions, and exhibit behaviors around prevention, as well as their self-confidence and intention to get vaccinated. Understanding prisoners' awareness and behavior regarding diseases and their willingness to receive relevant vaccinations may help prison health authorities develop effective preventive strategies to contain the spread of any diseases (Di Giuseppe et al., 2022).

Table 4. *Extent of Practices in Dealing with Contagious Diseases inside Provincial Jail*

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Hygiene Practices	2.70	Often	2
2. Health Protocols	2.96	Often	1
Composite Mean	2.83	Often	

Legend: 3.50 – 4.00 = Always; 2.50 – 3.49 = Often; 1.50 – 2.49 = Sometimes; 1.00 – 1.49 = Never

The Provincial Jail's practices in dealing with contagious diseases are outlined in Table 4. The respondents often employ hygiene practices and health protocols as depicted by a composite mean of 2.83. The public health crisis caused by several infectious diseases has necessitated the implementation of new hygiene, control, and organizational measures. To reduce risks and build trust, jails have implemented their protocols. As the virus spread in 2019, the public health response to the pandemic in correctional facilities became more challenging. It required a holistic approach, as noted in studies by Ghram et al. (2021), Baffour et al. (2024), and Novisky et al. (2021). Without strict infection prevention and control measures, including testing, treatment, and care, in prisons and other detention facilities, transmission control is unlikely to occur. The WHO has developed guidelines on COVID-19 preparedness, prevention, and management in prisons and other detention facilities as part of the response in collaboration with relevant institutions and stakeholders.

The indicator hygiene practices recorded the lowest mean of 2.70. Due to overcrowding, inadequate medical care, lack of privacy, and restricted access to hygiene products, prisoners frequently experience limitations in their hygiene practices, which complicates the maintenance of consistent cleanliness. According to Hanafi (2024), the penal system is incomplete without the well-being of prisoners. The health of prisoners can be fatally impacted by the absence of hygiene practices, in addition to unsanitary conditions and inadequate sanitation, particularly in the context of the transmission of infectious diseases. To fight the transmission of contagious diseases, hand-washing, coughing and sneezing etiquette, and not shaking hands are key prevention practices (Puspitasari et al., 2020; Riccò et al., 2022)

Meanwhile, health protocols had the highest mean of 2.96. Prison health protocols encompass vaccination programs, basic health education, sanitation measures, isolation of contagious inmates, access to medical care, and regular health screenings. As cited by Duarte et al. (2022) and Esposito et al. (2022), in carceral settings, there should be continuous infection control, assessment, testing, treatment, proper use of PPE, and quarantine/isolation. Correctional facilities often clean common areas and provide soap and hand sanitizer. It must include in the disease prevention education the benefits of handwashing and avoiding close contact with infected people.

When responses to the challenges in dealing with contagious diseases are grouped by profile, Table 5 shows how they differ. When the participants were divided into groups based on sex, civil status, highest level of education, classification, and contagious disease, the p-values were all lower than 0.05. The results show that the answers are indeed very different, and a post hoc test revealed that individuals who are female, married, hold a college degree, work in a jail, and are familiar with infectious diseases such as boils experienced more problems than others. The public health systems will be challenged for a long time by these new diseases. A well-prepared and impactful public health system can mitigate the impact of these diseases, despite the contribution of certain socioeconomic, demographic, and environmental factors to their emergence and spread.

Table 5. *Difference of Responses on the Challenges Encountered in Dealing with Contagious Diseases inside Provincial Jail when Grouped According to Profile*

Indicators	χ^2 / U	p-value	Interpretation
Age			
Jail Environment and Management	2.67	0.615	Not Significant
Implementation Of Health Practices and Protocols	3.243	0.518	Not Significant
Access To Health Information	2.807	0.591	Not Significant
Sex			
Jail Environment and Management	2388.5	0.010	Significant
Implementation Of Health Practices and Protocols	2337	0.007	Significant
Access To Health Information	2392.5	0.010	Significant
Civil Status			
Jail Environment and Management	7.912	0.048	Significant
Implementation Of Health Practices and Protocols	8.643	0.034	Significant
Access To Health Information	8.842	0.031	Significant
Highest Educational Attainment			
Jail Environment and Management	33.864	0.000	Highly Significant
Implementation Of Health Practices and Protocols	40.623	0.000	Highly Significant
Access To Health Information	39.351	0.000	Highly Significant
Classification of respondents			
Jail Environment and Management	4515.5	0.0000	Highly Significant
Implementation Of Health Practices and Protocols	4107.5	0.0000	Highly Significant
Access To Health Information	4068.5	0.0000	Highly Significant
Contagious Disease			
Jail Environment and Management	17.777	0.007	Significant
Implementation Of Health Practices and Protocols	19.382	0.004	Significant
Access To Health Information	19.247	0.004	Significant

Legend: Significant at p-value < 0.05

Workplace contagion affects women more than men (Lewandowski et al., 2021). They agree with Yadav et al. (2025) that women of reproductive age have a higher disease progression and mortality rate than men due to socioeconomic factors and limited health care. They avoid treatment due to stigma. During a pandemic, married individuals face numerous social and psychological challenges that can lower their quality of life and health (Taremwa et al., 2023). Prisons are complex, so college-educated jail and correctional workers familiar with infectious diseases may struggle to navigate them. Despite education and awareness, high-density prisons make inmates and staff more likely to spread infections. Even with infectious disease knowledge, many jails lack resources, hygiene, and medical care, making disease prevention and control difficult. Security and health protocols must be balanced to manage mental health, stress, and behavior in such environments. Knowing the risk of rapid outbreaks and the difficulty of controlling them may stress them. Lambert et al. (2024) and Tsoungui et al. (2021) found that jail staff are concerned about the risk and medical implications of contagious diseases. Multivariate regression analysis revealed that inmate medical privacy rights, which posed a risk to staff, were positively correlated. Without proper protection, infected employees can spread contagious diseases in closed facilities, even when strict visitor confinement measures are in place. Ultimately, controlling airborne infectious diseases in jails and prisons is a challenging task. Overcrowding, poor infection control, and complex healthcare delivery can lead to disease outbreaks. This issue was exacerbated by the fact that over half of the jails did not receive the H1N1 vaccine. Contagious diseases like boils, tuberculosis, and eczema can appear suddenly and evolve. Transmission occurs due to overcrowding, late detection and treatment of infectious cases, frequent prison transfers, and poor airborne infection control. Health care and custodial staff must work together to prevent.

Contagious diseases are addressed at different levels of awareness, as shown in Table 6. When respondents are grouped by civil status, highest level of education, and status, as well as contagious disease beliefs, p-values less than 0.05 indicate significant differences. Civil status, education level, respondents' socioeconomic status, and beliefs about contagious diseases all affect contagious disease awareness. Individuals with education are better equipped to understand the risks and prevention of contagious diseases. The married or dependent are more health-conscious, and healthcare workers understand more about health than inmates. Additionally, individuals who perceive contagious diseases as a threat are more likely to take preventive measures. In contrast, those who are less concerned may not seek information or adhere to safety practices. Provincial jails have different protocols for awareness and control of contagious diseases, which require collaboration between healthcare workers and custodial staff.

Table 6. *Difference Responses between the Level of Awareness in Dealing with Contagious Diseases inside Provincial Jail when Grouped According to Profile*

Indicators	χ^2 / U	p-value	Interpretation
Age			
Concepts of Diseases	10.931	0.027	Significant
Causes of Contagious Diseases	5.428	0.246	Not Significant
Sex			
Concepts of Diseases	2877.5	0.160	Not Significant
Causes of Contagious Diseases	3106.5	0.407	Not Significant
Civil Status			
Concepts of Diseases	10.785	0.013	Significant
Causes of Contagious Diseases	9.585	0.022	Significant
Highest Educational Attainment			
Concepts of Diseases	39.873	0.000	Highly Significant
Causes of Contagious Diseases	32.22	0.000	Highly Significant
Classification of respondents			
Concepts of Diseases	4402	0.0000	Highly Significant
Causes of Contagious Diseases	4550.5	0.0000	Highly Significant
Contagious Disease			
Concepts of Diseases	14.982	0.020	Significant
Causes of Contagious Diseases	17.045	0.009	Not Significant

Legend: Significant at p-value < 0.05

Ahamed et al. (2021) discovered that married people trusted government sources more than singles. If approved, they were more willing to get vaccinated immediately. People over 35 who were married were more knowledgeable about the vaccine and more open to getting it. This could be because people in this age group are more concerned about themselves and their families' health. Most of the people in this age group are also married. Furthermore, in a study by Akther and Nur (2022), which primarily involved respondents aged 19-30, they found that rational action, conspiracy theory belief, awareness, perceived usefulness, and perceived ease of use were all essential factors for vaccine acceptance. They gain more medical knowledge, source evaluation, vaccination, and disease prevention. They have healthier social networks and more public health campaigns.

Lastly, prisoners and correctional officers can gain insight into the challenges and adjustments needed for more consistent and formal health promotion processes in their environment. For example, implementing tuberculosis screening in jails will benefit not only prisoners and staff but also the broader community. Since prison overcrowding, poor ventilation, poor nutrition, late diagnosis, repeated prison transfers, and concomitant conditions—particularly HIV infection—can spread disease, they should be educated about the risk factors and symptoms (Narayan et al., 2023). Just as in the study by Wallace et al. (2021), correctional officers cross the prison membrane daily, serving as vectors of disease transmission between the community and inmates. For instance, during the first and third waves of COVID-19 infections, staff prevalence rates rose before incarcerated rates. Staff prevalence rates are often much higher than incarcerated rates, especially from mid-July 2020 to the end of the study window.

A comparison of the extent of practices for contagious diseases is presented in Table 7 by profile. P-values less than 0.05 indicated a significant difference between sex, the highest level of education, categorization, and contagious disease. It shows that the answers are very different, and further analysis of the data revealed that individuals who are female, hold college degrees, work in the criminal justice system, and are familiar with infectious diseases like boils have more experience. To stop the spread of infectious diseases, women complied more than men to follow the advice of medical professionals and nurses. By their attitudes and actions, women are more compliant and take the pandemic more seriously than men. When compared to men, women reported higher degrees of vulnerability, perceived danger, fear, and protective responses. Gender influences the correlations, predictions, and consequences of health and sickness, according to prior studies. Infectious disease prevention behaviors were linked to vulnerability, fear, and perceived risk (Yıldırım et al., 2020). Meinhart et al. (2021) conducted a similar study, which found that women faced vulnerabilities towards Ebola, Zika, and COVID-19. As a result, female jail officers are more likely to prevent the spread of contagious diseases, as they are more sensitive to hygiene, vaccination, and infection control due to risk perception and health and safety training. They prevent disease in jails through professional and personal caregiving. Educational attainment was associated with increased perceived severity and a lower perceived probability. Higher education was associated with increased

handwashing and compliance with safe distancing. Across educational categories, perceived severity had different effects on maintaining distance. The link between factual knowledge and protective actions was significantly moderated in men by education level. It is also regarded as an independent protective factor for self-reported health status. Positive beliefs about vaccination were significantly correlated with higher education. Health literacy and the ability to search for accurate information can also be related to the individual's characteristics and educational level (Ying et al., 2022; Biasio et al., 2021).

Table 7. *Difference Responses between the Extent of Practices in Dealing with Contagious Diseases inside Provincial Jail when Grouped According to Profile*

Indicators	χ^2 / U	p-value	Interpretation
Age			
Hygiene Practices	0.511	0.972	Not Significant
Health Protocols	0.607	0.962	Not Significant
Sex			
Hygiene Practices	2477	0.018	Significant
Health Protocols	2415.5	0.014	Significant
Civil Status			
Hygiene Practices	10.319	0.016	Significant
Health Protocols	6.829	0.078	Not Significant
Highest Educational Attainment			
Hygiene Practices	40.871	0.000	Highly Significant
Health Protocols	28.27	0.000	Highly Significant
Classification of respondents			
Hygiene Practices	4319.5	0.000	Highly Significant
Health Protocols	5150.5	0.000	Highly Significant
Contagious Disease			
Hygiene Practices	21.723	0.001	Significant
Health Protocols	19.494	0.003	Significant

Legend: Significant at p-value < 0.05

Moreover, due to their training and awareness of workplace risks, correctional officers, especially female officers, are better equipped to prevent the spread of contagious diseases. To prevent the spread of tuberculosis, COVID-19, and influenza in correctional facilities, these officers are trained in hygiene, vaccination, and infection control. Due to the jails' confined and high-risk nature, correctional officers must follow strict safety protocols, including PPE use, sanitation, and inmate health monitoring. These practices must be implemented to keep staff and inmates safe, as proposed by Toblin et al. (2021), who suggested reinforced correctional staff testing, inmate entry and exit testing, limiting staff interactions across complexes, and reducing dorm-style housing occupancy to increase physical distance.

Table 8 demonstrates the relationship between awareness levels and the issues that arise when dealing with contagious diseases.

Table 8. *Relationship between Challenges Encountered in Dealing with Contagious Diseases inside Provincial Jail and Level of Awareness in Dealing with Contagious Diseases inside Provincial Jail*

Indicators	rho	p-value	Interpretation
Jail Environment and Management			
Concepts of Diseases	.202**	0.000	Highly Significant
Causes of Contagious Diseases	.194**	0.001	Highly Significant
Implementation Of Health Practices and Protocols			
Concepts of Diseases	.217**	0.000	Highly Significant
Causes of Contagious Diseases	.195**	0.001	Highly Significant
Access To Health Information			
Concepts of Diseases	.275**	0.000	Highly Significant
Causes of Contagious Diseases	.267**	0.000	Highly Significant

Legend: Significant at p-value < 0.01

The p-values were mainly below 0.01 in every instance, and the obtained rho-values indicate a moderate direct association. This implies that awareness is crucial for addressing the challenges associated with managing contagious diseases in a provincial jail. A high level of awareness is likely to be associated with enhanced management practices, such as improved disease prevention and containment measures. In contrast, a lower level of awareness could result in inadequate management of the situation. The study's results in the jail suggest that

it is possible to effectively mitigate the challenges associated with contagious diseases by raising awareness, which is beneficial in promoting the well-being of prisoners (Engstrom & Ginneken, 2022). Additionally, Palmen et al. (2022) contested that the work environment for correctional staff must be favorable to enhance the subjective safety of correctional officers. Given the substantial impact of organizational satisfaction, it is advised that management evaluate strategies for enhancing safety measures. Governments struggle to develop and implement best-practice public health policies without explicit consensus. According to Tostlebe and Muñoz-Jones (2024), there is a lack of understanding of prison healthcare policies, practices, and information on deaths in custody. Clinical education should address the inadequate diagnosis and treatment of monkeypox in the United States. Enhancing the public health threat perception of monkeypox may encourage prevention (Bates & Grijalva, 2022).

The relationship between the challenges in dealing with contagious diseases and the extent of practices is shown in Table 9. The two variables are moderately directly correlated, as indicated by the rho values, and all of the calculated p-values were lower than the alpha level of 0.01. Thus, these factors are crucial for controlling the spread of infectious diseases. Effective jail management, health protocols, and access to information reduce health risks, response times, and the spread of disease. These practices impact jail outbreaks and the management of contagious diseases. However, the dynamic properties of risk perception may change across different stages of the pandemic, influencing people's levels of protective behavior. This finding suggests that improving risk perceptions and addressing misconceptions requires ongoing interventions in addition to promoting healthy behaviors.

Table 9. Relationship between Challenges Encountered in Dealing with Contagious Diseases inside Provincial Jail and Extent of Practices in Dealing with Contagious Diseases inside Provincial Jail

Indicators	rho	p-value	Interpretation
Jail Environment and Management			
Hygiene Practices	.478**	0.000	Highly Significant
Health Protocols	.518**	0.000	Highly Significant
Implementation Of Health Practices and Protocols			
Hygiene Practices	.485**	0.000	Highly Significant
Health Protocols	.511**	0.000	Highly Significant
Access To Health Information			
Hygiene Practices	.513**	0.000	Highly Significant
Health Protocols	.551**	0.000	Highly Significant

Legend: Significant at p-value < 0.01

Fauci et al. (2023) and Gandamayyu et al. (2022) suggested that best practices for contagious diseases may vary. A lack of consistency in defining, using, valuing, and applying best practices can make it challenging to understand and apply evidence to improve care and patient outcomes. Self-isolation and reverse cohorting units for new prison admissions, protective isolation units for symptomatic prisoners, and shielding units for medically vulnerable prisoners were used to control the COVID-19 pandemic in a large UK prison (Coleman et al., 2022). Likewise, in considering their different needs, prison staff and Persons deprived of liberty should be treated equally when designing and implementing comprehensive interventions to increase vaccine uptake in prisons (Moazen et al., 2023).

Table 10. Relationship between Level of Awareness in Dealing with Contagious Diseases inside Provincial Jail and Extent of Practices in Dealing with Contagious Diseases inside Provincial Jail

Indicators	rho	p-value	Interpretation
Concepts of Diseases			
Hygiene Practices	.319**	0.000	Highly Significant
Health Protocols	.351**	0.000	Highly Significant
Causes of Contagious			
Hygiene Practices	.353**	0.000	Highly Significant
Health Protocols	.417**	0.000	Highly Significant

Legend: Significant at p-value < 0.01

Based on their level of awareness in dealing with contagious diseases and the extent of practices they employ. Table 10 illustrates how people deal with diseases that spread. All of the p-values found were less than 0.01, and the rho values showed a moderate direct relationship. This indicates a genuine connection and suggests that the level of practice increased as the respondents became more aware of it. Although infectious diseases are a regrettable fact of life, we now have a wide range of options at our disposal to help prevent infections and treat

diseases once they have already developed. Other methods for detection, prevention, and treatment are national or international in scope, while some are straightforward actions that anyone can take. The general public's and the community's misinformation about contagious diseases is a factor that significantly aids in the spread of the illness. To raise public awareness in such a situation, new and creative solutions are always needed. The advantages are numerous and extend beyond merely identifying new instances; they also include educating the public about effective management techniques. Integrating the existing data on the pandemic's outbreaks is necessary to understand better how to help the public cope with it (Chew et al., 2020). Additionally, in the event of a pandemic, management requires support from the population and disease control measures. Prior research on contagious disease outbreaks has shown that Knowledge, Attitudes, and Practices (KAP) influence personal experience and pandemic behavior. In other studies, improved knowledge has led to increased preventive measures and influenced individual and community protective behaviors (Ali et al., 2023).

4.0 Conclusion

This study reveals that environmental factors, access to health information, and the implementation of health protocols remain challenges for PDLs and jail staff at the Provincial Jail of Occidental Mindoro, despite their understanding of contagious diseases and adherence to basic health practices. The results emphasize the need for more targeted health education, infrastructure improvements, and systemic support within correctional facilities. The findings underscore the pressing need to fortify health management systems in jails, particularly in provincial settings that are overcrowded and underserved. An emphasis should be placed on enhancing ventilation, sanitation, and the availability of accurate, timely health information. The results also indicate that disease awareness and hygiene practices are influenced by demographic factors, including education level and civil status. This suggests that health interventions specifically designed for particular groups may lead to improved outcomes.

The study emphasizes the significance of health literacy as a key determinant of health behavior in institutional settings from a theoretical perspective. It contributes to the expanding body of literature on the social determinants of health in custodial environments. It supports frameworks that establish a connection between personal practice, environmental conditions, and awareness. This research reinforces the ongoing calls for prison reform and strengthening of the health system at the policy level, both nationally and within ASEAN. This aligns with the national public health priorities of the Philippines and the regional agenda of ASEAN Health Cluster 2, focusing on managing infectious diseases among vulnerable populations. This localized study contributes empirical evidence to the broader international discourse on public health equity, justice reform, and prison health. Nevertheless, this study is not without its constraints. The generalizability of the findings to other regions or urban jail settings may be restricted by the focus on a single provincial jail and the potential bias associated with the use of self-reported data. Future research should investigate the long-term effects of health literacy programs in jail settings, employ mixed methods to capture deeper qualitative insights, and include larger and more diverse correctional populations. In summary, both the prevention of disease outbreaks and the promotion of public health and human rights within and beyond jail walls necessitate the enhancement of health literacy and the removal of structural barriers in jails.

5.0 Contributions of Authors

This study was authored by Aguilar (2025) and co-authored by Magtaan (2025). The primary author was responsible for conceptualizing the study, designing the methodology, collecting the data, and analyzing the paper, whereas the secondary author focused on revising several key aspects of the research.

6.0 Funding

No funding from any other agency.

7.0 Conflict of Interests

There are no conflicts of interest present in this research.

8.0 Acknowledgment

The authors would like to extend their utmost gratitude and appreciation to those who accompanied them in this humble research and for their unwavering support. First and foremost, to the God Almighty for the strength and guidance, Dr. Annalie D. Patena, Dr. Reynalda B. Garcia, Dr. Merwina Lou Abcede-Bautista, Dr. Aileen D. Ybanez, Dr. Dennis B. Lagumen, and Dr. Edna C. Sanchez, who provided intuition, constructive criticisms, and expertise for the enhancement of the study; to Honorable Governor Eduardo B. Gadiano of Occidental Mindoro and other jail staff for their unbounded support and for allowing the conduct of research within the Provincial Jail; and to Dr. Harold Q. Bautista, Dr. Zosimo B. Bolanos, and Superintendent Raul Perez Levita who makes additional inputs in the validation of the survey tool.

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