



Prevailing Health Issues of Inmates at Northern Samar Provincial Jail

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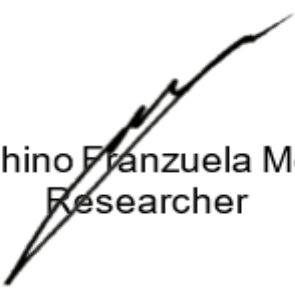
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ABSTRACT

This study explored the lived experiences of inmates regarding health problems, access to health care services, coping mechanisms, and support systems during incarceration. Specifically, it examined the nature and progression of inmates' health conditions, the barriers encountered in seeking medical attention, the experiences and interpretations of health care challenges inside jail, and the coping strategies utilized by inmates to manage their physical, emotional, and psychological well-being. The study also served as the basis for the development of the proposed "Kalusugan Sa Loob" Program aimed at improving correctional health care services. The study utilized a descriptive phenomenological research design under a qualitative research approach. Purposive sampling was employed in selecting inmates detained at the Provincial Jail in Northern Samar who met the inclusion criteria. Data were gathered through semi-structured interviews and analyzed using Paul Colaizzi's phenomenological method. The findings revealed that inmates commonly experienced recurring illnesses such as stomachache, skin diseases, and flu-like symptoms associated with environmental conditions, overcrowding, and confinement-related stress. Inmates also encountered institutional, procedural, legal, communicative, and psychological barriers in accessing health care services, including bureaucratic delays, hierarchical reporting systems, and hesitation in communicating illness. Despite these challenges, inmates demonstrated resilience through self-care practices, exercise, emotional diversion, spirituality, and reliance on support systems from jail personnel, fellow inmates, and family members. Based on the findings, the study proposed the "Kalusugan Sa Loob" Program, which emphasized a holistic, preventive, responsive, and humane approach to improving inmates' access to and quality of health care services during incarceration.

Keywords: *Incarceration, Inmates, Correctional Health Care, Health Care Access, Health Challenges, Phenomenology, Coping Mechanisms, Psychosocial Support, Jail Environment, Persons Deprived of Liberty.*

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DEDICATION

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CHAPTER ONE

INTRODUCTION

➤ *Background of the Study*

• *Introduction*

Health care access and well-being among persons deprived of liberty (PDLs) remain critical concerns in contemporary correctional systems. Incarceration creates a unique environment where individuals are exposed to multiple health risks, including infectious diseases, chronic illnesses, and psychological distress, often compounded by overcrowding, limited resources, and restricted access to services. Existing literature indicates that while some health services are available within correctional facilities, barriers such as institutional constraints, stigma, inadequate infrastructure, and limited health literacy significantly affect inmates' ability to access and utilize care effectively (Nwakasi et al., 2022; Rosen et al., 2024). Moreover, inmates' lived experiences reveal that emotional isolation, lack of family support, and environmental stressors further influence their overall health and coping mechanisms (Pineda et al., 2025; Paclauna, 2024).

In response to these challenges, this study seeks to explore the health-related experiences of inmates, focusing on access to health care, coping strategies, and institutional conditions that shape their well-being. The study aims to contribute to a deeper understanding of how correctional environments influence health outcomes. Ultimately, the findings intend to inform policy development and program interventions that promote equitable, responsive, and holistic health care systems within correctional facilities.

• *International Background*

At the international level, the present study aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities). SDG 3 emphasizes the importance of ensuring healthy lives and promoting well-being for all individuals at all ages, including vulnerable populations such as incarcerated individuals. Correctional facilities represent high-risk environments where health disparities are amplified, making it essential to strengthen health systems, improve access to services, and implement preventive and promotive health strategies.

Furthermore, SDG 10 highlights the need to reduce inequalities within and among countries, including disparities in access to health care. Incarcerated populations often come from marginalized sectors and continue to experience inequitable access to essential services during and after incarceration. Studies have shown that systemic issues such as overcrowding, inadequate health infrastructure, and limited mental health services contribute to persistent health inequalities among inmates (Kajeepeta et al., 2021; Novisky et al., 2021). Addressing these disparities is crucial not only for improving individual health outcomes but also for safeguarding public health, as correctional facilities are interconnected with broader communities.

In this context, the present study supports global efforts to achieve inclusive and equitable health systems by examining how institutional conditions, health-seeking behaviors, and support mechanisms affect inmates' well-being. The study contributes to the global discourse on advancing health equity and ensuring that no population, including PDLs, is left behind.

• *National Background*

At the national level, this study is aligned with the Philippine Development Plan 2023–2028, which emphasizes improving human capital development, strengthening health systems, and ensuring inclusive social protection for all Filipinos. The plan recognizes health as a fundamental component of national development and underscores the need to address disparities in access to quality health services, particularly among vulnerable and underserved populations. Persons deprived of liberty fall within this category, as they often face systemic barriers that limit their access to adequate health care, mental health services, and preventive interventions.

Additionally, the study supports the long-term vision of AmBisyon Natin 2040, which aspires for all Filipinos to enjoy a “matatag, maginhawa, at panatag na buhay.” Achieving this vision requires ensuring that all sectors of society, including incarcerated individuals, have access to essential services that promote dignity, well-being, and social inclusion. Health care within correctional settings is a critical component of this vision, as it directly affects not only inmates' quality of life but also their capacity for rehabilitation and reintegration into society.

Moreover, national policies emphasize the importance of responsive and humane correctional systems that prioritize rehabilitation and the protection of human rights. The present study contributes to these policy directions by examining the realities of health care access and institutional conditions within correctional facilities. Through its findings, the study aims to provide evidence that can inform improvements in health service delivery, strengthen institutional capacity, and support the development of more inclusive and sustainable correctional health systems in the Philippines.

➤ *Related Literature*• *Foreign Literature*✓ *Health-Seeking Behavior and Health Service Utilization*

Nwakasi et al. (2022) examined health information seeking and mental health support utilization among incarcerated individuals and found that access to information, literacy levels, and social trust significantly influence inmates' likelihood of seeking health services. The study revealed that inmates who possess better health literacy and greater access to reliable information are more likely to recognize symptoms, understand available services, and actively pursue care. In contrast, limited access to information and low literacy levels can lead to misunderstanding of health conditions, delayed help-seeking, and underutilization of available services. Additionally, trust in health care providers and institutional systems was identified as a critical factor, as inmates who perceive services as credible and supportive are more inclined to engage with them. Furthermore, the study highlighted that demographic factors such as age, education, and gender, along with participation in group-based programs, play a significant role in shaping health-seeking behavior. Inmates involved in educational or group activities were more exposed to health-related information and peer support, which enhanced their awareness and willingness to seek assistance. These findings emphasize that engagement with health services is not determined solely by availability but also by individuals' capacity to access, interpret, and act upon health information.

Yesuf et al. (2024) investigated healthcare service utilization among inmates in Ethiopia and found that while a majority of incarcerated individuals accessed general medical services, a significantly smaller proportion utilized mental health services. This disparity indicates a gap between physical and psychological health care engagement within correctional facilities. The study identified key factors influencing service utilization, including education level, awareness of available services, and incarceration status. Inmates with higher levels of education and greater awareness were more likely to seek care, suggesting that knowledge and understanding play a crucial role in healthseeking behavior. Conversely, limited awareness and lower educational attainment were associated with reduced utilization, particularly for mental health services. Furthermore, the study revealed that longer periods of incarceration were linked to decreased use of psychiatric services, highlighting concerns about the sustainability and continuity of mental health care over time. This trend suggests that prolonged confinement may lead to disengagement from available services or reflect systemic inadequacies in maintaining long-term mental health support. The findings emphasize that both awareness and accessibility are critical determinants of health service utilization in correctional settings.

Spycher et al. (2021) analyzed healthcare utilization within a prison system operating under a gatekeeping model and found that access to care is shaped by a combination of individual and institutional factors. The study revealed that inmates' health status, demographic characteristics such as age and gender, and prison conditions all influence the likelihood and type of services utilized. Notably, overcrowding was associated with increased use of primary care services, likely due to higher rates of minor illnesses and general health concerns. However, the same condition was linked to reduced utilization of mental health services, suggesting that structural pressures and resource limitations may restrict access to more specialized forms of care. These disparities indicate that while some health needs are addressed, others—particularly mental health concerns—may remain underserved. Furthermore, the study emphasized the importance of continuity of care in effectively managing chronic conditions and preventing the escalation of health issues into emergency cases. Consistent monitoring, follow-up, and coordinated care were identified as essential components in maintaining inmates' health and reducing the burden on correctional health systems. The findings highlight the complexity of health service delivery in prison settings, where access is not solely determined by availability but also by institutional structures and operational constraints.

✓ *Barriers to Health Care and Institutional Challenges*

Health care utilization. These findings align with the present study's objective of exploring barriers to health care access within incarceration settings. Byrne et al. (2024) conducted a systematic review on mental health help-seeking behavior among prisoners and found that institutional identity and prison culture significantly influence inmates' willingness to access mental health services. The study identified key themes such as group identity, stigma, and the "us versus them" mentality, which create psychological and social barriers to help-seeking. In many cases, inmates perceive seeking mental health support as a sign of weakness or vulnerability, which may negatively affect their standing within the inmate community. Additionally, distrust toward correctional staff and health providers further discourages engagement with available services. These cultural and social dynamics illustrate how the prison environment shapes inmates' attitudes and behaviors in ways that can limit their access to care. Furthermore, the study emphasized that these barriers are deeply embedded in the institutional context, making them difficult to address without targeted interventions. The normalization of stigma and the reinforcement of group-based identities can lead to the underutilization of mental health services, even when such services are available. Byrne et al. (2024) suggest that improving helpseeking behavior requires not only expanding access but also transforming prison culture to promote trust, reduce stigma, and encourage openness toward mental health care.

Rosen et al. (2024) examined healthcare staffing in jails and found that many correctional facilities lack sufficient on-site medical providers, resulting in a heavy reliance on nurses and even correctional officers to perform healthrelated tasks. This staffing imbalance limits the availability of timely and specialized medical care, particularly for inmates with complex or chronic conditions.

The study also identified a shortage of psychiatric services, which further constrains access to mental health care despite the high prevalence of psychological disorders among incarcerated populations. Additionally, the underutilization of telemedicine—an approach that could potentially bridge service gaps—was noted as a missed opportunity to expand access to specialized care. These findings highlight significant structural deficiencies within correctional health systems. Furthermore, the study emphasized that such systemic inadequacies can compromise the overall quality and continuity of care provided to inmates. Delays in diagnosis, limited follow-up, and restricted access to specialists may lead to worsening health conditions and increased reliance on emergency interventions. The reliance on non-specialized personnel for health-related tasks also raises concerns about the consistency and appropriateness of care delivery.

Maner et al. (2022) investigated infectious disease surveillance in jails and found that screening practices for diseases such as HIV, hepatitis, and tuberculosis are often inconsistent and inadequate across correctional facilities.

The study revealed that while some institutions implement screening protocols, these are not uniformly applied, leading to gaps in early detection and disease control. In many cases, screenings are conducted by non-healthcare personnel, which raises concerns about the accuracy, reliability, and overall effectiveness of the process. These inconsistencies increase the risk of undiagnosed cases and facilitate the spread of infectious diseases within overcrowded and high-risk environments, highlighting a critical weakness in correctional health systems. Furthermore, the study emphasized that the lack of standardized procedures, trained medical staff, and proper monitoring systems undermines the effectiveness of disease management efforts. Without consistent and professionally administered screening programs, correctional facilities struggle to implement timely interventions and maintain control over infectious disease outbreaks. Maner et al. (2022) underscored the need for strengthened health systems, including the development of clear protocols, enhanced training for personnel, and improved coordination with public health agencies.

✓ *Health Conditions and Health Inequalities*

Kajeepeeta et al. (2021) examined the relationship between incarceration rates and mortality and found that higher levels of incarceration are associated with increased mortality from infectious diseases, chronic illnesses, and mental health-related causes such as suicide. The study demonstrated that incarceration is not only linked to immediate health risks within correctional facilities but also contributes to long-term adverse health outcomes that persist beyond confinement. Overcrowding, limited access to adequate health care, and exposure to high-risk environments were identified as factors that exacerbate disease transmission and hinder effective treatment. Additionally, the stressors associated with incarceration, including social isolation and uncertainty, were found to contribute to mental health deterioration, further increasing mortality risks. Furthermore, the study emphasized that incarceration functions as a structural driver of health inequalities, affecting not only incarcerated individuals but also the communities to which they return. High incarceration rates were associated with broader public health consequences, including the spread of infectious diseases and the perpetuation of social and economic disparities. These findings highlight the interconnected nature of correctional health and community health, suggesting that improving health conditions within prisons has implications beyond institutional boundaries.

Adler and Chen (2023) explored the relationship between jail conditions and mortality rates and found that factors such as overcrowding, high inmate turnover, and population characteristics significantly contribute to increased death rates within correctional facilities. The study highlighted that overcrowded environments facilitate the rapid spread of infectious diseases and strain already limited health care resources, while high turnover rates disrupt continuity of care and make it difficult to monitor and manage inmates' health conditions effectively. Additionally, the presence of vulnerable populations—such as individuals with pre-existing medical conditions or mental health issues—further elevates the risk of adverse outcomes. These findings demonstrate how institutional dynamics directly influence mortality and overall health within correctional settings.

Furthermore, the study emphasized that incarceration environments can exacerbate existing health disparities, particularly among marginalized populations who are disproportionately represented in correctional systems. Poor facility conditions, inadequate access to medical care, and limited support services contribute to worsening health outcomes, reinforcing cycles of inequality. Adler and Chen (2023) underscored the importance of addressing these structural issues to improve health conditions and reduce preventable deaths in jails.

Novisky et al. (2021) argued that incarceration serves as a fundamental social cause of health inequalities, particularly in the context of public health crises such as the COVID-19 pandemic. The study emphasized that structural conditions within correctional facilities—such as overcrowding, limited sanitation, restricted mobility, and inadequate access to health care—significantly increase inmates' vulnerability to infectious diseases. These environments make it difficult to implement preventive measures such as physical distancing and timely medical intervention, thereby accelerating disease transmission and worsening health outcomes. The findings illustrate that incarceration is not merely a setting where health issues occur but a structural condition that actively produces and amplifies health risks. Furthermore, the study highlighted that these health disparities are deeply embedded in broader social and institutional inequalities, disproportionately affecting marginalized populations who are more likely to be incarcerated. Limited access to quality health care, both during and after incarceration, reinforces cycles of disadvantage and contributes to long-term health inequities. Novisky et al. (2021) provide a strong theoretical foundation for understanding how incarceration functions as a determinant of health, linking institutional conditions to broader public health outcomes.

✓ *Health Behaviors, Self-Management, and Lifestyle*

Avieli (2023) explored prisoners' health self-management practices and found that inmates actively engage in various behaviors to maintain and improve their health despite the constraints of incarceration. Participants reported adopting practices such as regular exercise, making conscious dietary choices when possible, and avoiding harmful habits like substance use. These actions reflect a degree of personal agency and awareness, demonstrating that inmates are not merely passive recipients of care but are capable of taking initiative in managing their own well-being. However, these efforts are often limited by institutional conditions, including restricted access to nutritious food, limited space for physical activity, and inconsistent health resources within correctional facilities. Furthermore, the study revealed that while inmates are willing and able to engage in health-promoting behaviors, they expressed a strong need for improved health care services and greater institutional support to sustain these efforts. Participants emphasized the importance of accessible medical care, structured health programs, and supportive environments that enable long-term health maintenance. Avieli (2023) underscores that effective health management in correctional settings requires a balance between individual initiative and systemic support. And mental health outcomes. These findings highlight the importance of addressing basic health needs as part of comprehensive health care in prisons. Mommaerts et al. (2023) examined nutritional provisions in jails and found that meals provided to inmates often lack essential nutrients such as vitamin D, magnesium, and omega-3 fatty acids, all of which play a critical role in maintaining both physical and mental health. The study revealed that dietary limitations within correctional facilities may contribute to deficiencies that can negatively affect immune function, cognitive performance, and emotional regulation. Inadequate nutrition, therefore, not only impacts inmates' physical condition but may also exacerbate mental health issues such as depression, anxiety, and mood instability. These findings highlight how basic physiological needs are closely linked to broader health outcomes in correctional settings. Furthermore, the study emphasized that nutrition should be considered a fundamental component of comprehensive health care in prisons, rather than a separate or secondary concern. Addressing dietary deficiencies through improved meal planning and nutritional standards can significantly enhance inmates' overall well-being and support mental health stability. Mommaerts et al. (2023) suggest that correctional institutions must adopt a more holistic approach to health care that includes proper nutrition alongside medical and psychological services.

Haq et al. (2023) investigated oral health-seeking behavior among prisoners and found that inmates experiencing dental pain were, paradoxically, less likely to seek professional care. This finding suggests the presence of significant barriers that discourage inmates from accessing available health services, even when there is a clear and immediate need. Factors such as fear of procedures, lack of awareness, limited availability of services, and possible delays in obtaining care may contribute to this behavior. The study highlights that the presence of a health problem alone does not necessarily lead to helpseeking, as institutional and personal factors can influence decision-making among inmates. Furthermore, the study identified education level and personal hygiene practices as important determinants of health-seeking behavior. Inmates with higher levels of education and better hygiene awareness were more likely to recognize the importance of seeking care and maintaining oral health. These findings emphasize the complexity of health behaviors within correctional settings, where knowledge, perception, and environmental constraints interact to shape how individuals respond to health concerns.

✓ *Mental Health, Interventions, and Behavioral Health Needs*

Addison et al. (2025) explored mental health-seeking behaviors among formerly incarcerated individuals and found that self-reliance, mistrust of institutional services, and stigma significantly influence decisions to seek professional help. Participants often viewed formal mental health services with skepticism, shaped by prior negative experiences, perceived lack of confidentiality, or concerns about being judged or labeled. As a result, many individuals preferred to manage their mental health independently, relying on personal coping strategies such as reflection, emotional regulation, or avoidance. The presence of stigma—both internalized and socially reinforced—further discouraged individuals from openly seeking support, particularly within environments where vulnerability may be perceived as a weakness. Furthermore, the study revealed that individuals frequently turned to informal support systems, including family members, friends, and community or faith-based networks, rather than formal health services. These sources were perceived as more trustworthy, accessible, and empathetic, highlighting the importance of relational support in managing mental health challenges. Addison et al. (2025) emphasized that improving mental health service utilization requires not only expanding access but also addressing issues of trust, stigma, and perception within both institutional and community contexts.

Comartin et al. (2022) evaluated jail-based mental health interventions and found that such programs significantly improve treatment engagement and continuity of care among incarcerated individuals. Participants who were enrolled in structured mental health programs demonstrated higher levels of participation in treatment, better adherence to care plans, and increased follow-up after release. These interventions helped bridge gaps in service delivery by providing consistent support during incarceration and facilitating connections to community-based services upon reentry. The findings indicate that structured mental health programs can effectively address immediate psychological needs and promote more stable transitions between correctional and community health systems. However, the study also found that while these interventions enhance treatment engagement, their impact on reducing recidivism remains limited. This suggests that mental health care alone may not be sufficient to address the broader social, economic, and environmental factors that contribute to reoffending. Comartin et al. (2022) emphasized the need for comprehensive and sustained mental health services that extend beyond incarceration, including post-release support and integration with other rehabilitative efforts.

Burgess-Proctor et al. (2025) examined behavioral health service needs among women in jails and found significant gender differences in both the prevalence of mental health conditions and patterns of service utilization. The study revealed that female inmates often experience higher rates of mental health issues, including trauma-related disorders, depression, and anxiety, compared to their male counterparts. Despite these elevated needs, access to appropriate and timely services remains inconsistent, and existing programs are often not tailored to address women's specific experiences, such as histories of abuse, caregiving roles, and reproductive health concerns. These findings highlight a critical gap in correctional health systems, where services may not adequately reflect the unique psychological and social realities of female inmates. Furthermore, the study emphasized the importance of developing gender-responsive interventions that are sensitive to the distinct needs and experiences of women in correctional settings. Such interventions include trauma-informed care, specialized counseling services, and programs that address both mental health and social reintegration. Correctional facilities can improve treatment engagement, health outcomes, and overall well-being.

Kurdyak et al. (2022) analyzed mental health and addiction service use among incarcerated individuals and found that, despite the high prevalence of mental health and substance use disorders, access to appropriate services remains limited both prior to and during incarceration. The study revealed that many individuals enter correctional facilities with unmet mental health needs, and these needs often persist or worsen due to insufficient service availability within the system. Barriers such as limited staffing, fragmented service delivery, and inadequate screening and referral mechanisms contribute to gaps in care. As a result, a significant proportion of inmates do not receive timely or adequate treatment, highlighting systemic shortcomings in addressing mental health and addiction issues. Furthermore, the study emphasized the importance of improving accessibility and ensuring continuity of care across different stages of the criminal justice system, including pre-incarceration, incarceration, and postrelease. Consistent and coordinated care is essential in managing chronic mental health conditions and preventing relapse or deterioration. Kurdyak et al. (2022) suggest that integrating correctional health services with community-based systems can enhance treatment outcomes and reduce long-term health disparities.

Hedden et al. (2021) examined racial disparities in access to mental health services and found that while access to care within jail settings may appear relatively similar across racial groups, significant disparities emerge once individuals transition to community-based treatment after release. The study revealed that individuals from marginalized racial and ethnic backgrounds are less likely to receive continued mental health care, which disrupts treatment continuity and increases the risk of relapse or worsening conditions. These disparities are influenced by broader systemic factors such as socioeconomic inequality, limited access to community resources, and structural barriers within the health care system. Furthermore, the study emphasized that these inequities have long-term implications for health outcomes, as inconsistent access to care undermines recovery and stability among formerly incarcerated individuals. The lack of coordinated support between correctional and community health systems further exacerbates these challenges, highlighting the need for integrated and equitable service delivery. Hedden et al. (2021) underscore the importance of addressing systemic inequalities to ensure that all individuals have equal opportunities to access and sustain mental health care.

✓ *Health Promotion and Policy Perspectives*

Ramaswamy and Freudenberg (2021) proposed a comprehensive health promotion model for correctional settings that goes beyond the provision of basic medical care to address broader determinants of health. The model emphasizes the integration of health education, environmental improvements, and access to preventive services as essential components of a more effective correctional health system. By focusing on factors such as nutrition, hygiene, mental health awareness, and disease prevention, the model aims to empower incarcerated individuals to take an active role in managing their health. It also highlights the importance of improving physical conditions within facilities, including sanitation, ventilation, and access to safe spaces for physical activity, as these environmental factors significantly influence health outcomes. Furthermore, the study underscores the need to connect correctional health systems with community-based support services to ensure continuity of care after release. This integrated approach recognizes that health promotion should not be confined within prison walls but should extend into the reintegration process to support long-term well-being. Ramaswamy and Freudenberg (2021) advocate for a holistic framework that combines medical care, behavioral interventions, and structural reforms to address the complex health needs of incarcerated populations.

Abrifor et al. (2023) examined healthcare challenges among female inmates and found that access to quality health services is closely associated with improved reproductive health outcomes. The study revealed that women in correctional facilities often face barriers to essential reproductive health services, including limited access to prenatal care, gynecological services, and health education. These gaps can lead to untreated conditions, increased health risks, and poorer overall well-being. The findings emphasize that when appropriate and timely health care is available, female inmates experience better health outcomes, highlighting the critical role of accessible and responsive health services within correctional settings. Furthermore, the study underscored the need for increased investment in health care infrastructure, including the provision of specialized personnel, adequate facilities, and comprehensive programs tailored to women's health needs. Addressing these gaps requires not only improving service availability but also ensuring that health care systems within correctional institutions are gender-responsive and aligned with public health standards. Abrifor et al. (2023) highlight that meeting the specific needs of female inmates is essential for promoting equitable health care and overall well-being.

- *Local Literature*

- ✓ *Reintegration, Social Support, and Coping Mechanisms*

Valdez (2026) examined the reintegration experiences of a former person deprived of liberty through a qualitative case study using narrative analysis and found that the transition back into society is characterized by a complex interplay of emotional, social, and economic challenges. The participant experienced significant emotional distress, including anxiety, self-doubt, and fear of rejection, largely driven by persistent social stigma and the difficulty of shedding the label of being formerly incarcerated. Reintegration was further complicated by the need to readjust to family roles and dynamics, which had changed during the period of incarceration. In addition, uncertainty in securing stable employment created financial strain and heightened feelings of insecurity, illustrating how structural barriers and societal perceptions continue to influence the post-release experience. Despite these obstacles, the study highlighted the participant's resilience and capacity for adaptation, as evidenced by the use of skills acquired during incarceration and the reliance on strong support systems. Family members played a crucial role in providing emotional stability, while supervision and guidance from monitoring officers offered structure and accountability during the reintegration process. Valdez (2026) emphasized that reintegration is not a single event but a gradual and multifaceted process that requires both internal coping strategies and external support mechanisms.

Solis et al. (2025) explored the reintegration experiences of released persons deprived of liberty (PDLs) under parole using a qualitative approach and found that individuals continue to face persistent and multifaceted challenges after release. Participants reported experiencing social stigma that affected how they were perceived and treated within their communities, often leading to feelings of exclusion and reduced self-worth. Financial instability emerged as another major concern, as many struggled to secure stable employment due to their criminal records and limited opportunities. In addition, difficulty in reestablishing family relationships was commonly reported, as time apart and changes in family dynamics created emotional distance and, in some cases, mistrust. These findings highlight how reintegration is shaped by both structural barriers and interpersonal challenges that extend beyond the period of incarceration. Despite these difficulties, the study revealed that participants actively employed various coping strategies to navigate their reintegration journey. Engagement in community and religious activities provided emotional support and a sense of belonging, while self-regulation and livelihood efforts helped individuals regain control over their lives and work toward stability. These adaptive strategies demonstrate resilience and the capacity of individuals to respond constructively to adversity. Solis et al. (2025) emphasized the critical role of employment opportunities and social acceptance in facilitating successful reintegration, suggesting that external support systems are essential for longterm adjustment.

Lucreño (2024) investigated the experiences of former persons deprived of liberty (PDLs) who participated in the Therapeutic Community Modality Program (TCMP) and found that structured rehabilitation programs play a significant role in fostering personal development. Participants reported improvements in self-discipline, emotional regulation, and interpersonal relationships, indicating that the program helped them internalize positive values and behaviors necessary for social reintegration. The TCMP environment encouraged accountability, peer interaction, and adherence to structured routines, which contributed to participants' sense of purpose and personal growth. These findings suggest that well-designed rehabilitation programs can serve as effective platforms for behavioral transformation within correctional settings. However, the study also revealed that participants continued to face challenges despite their involvement in the program. Issues such as overcrowding, emotional struggles, and institutional restrictions limited the full effectiveness of rehabilitation efforts and created additional stressors for participants. To cope with these difficulties, individuals relied on peer support, guidance from fellow inmates, and the strengthening of emotional resilience through faith and spirituality. These coping mechanisms highlight the importance of both formal and informal support systems in navigating the constraints of incarceration.

Marquez (2025) evaluated the impact of the Therapeutic Community Modality Program (TCMP) on recidivism among female persons deprived of liberty (PDLs) and found that participants who completed the program demonstrated notable improvements in emotional regulation, self-control, and decision-making. These behavioral changes were attributed to the structured nature of the program, which emphasizes accountability, peer support, and adherence to positive routines. Participants developed a stronger sense of responsibility for their actions and exhibited greater awareness of the consequences of their decisions, enabling them to adopt more constructive coping strategies. The study further reported a significantly lower rate of reoffending among program completers, highlighting the effectiveness of rehabilitation initiatives in promoting lasting behavioral change. Moreover, the findings emphasized that the success of such programs extends beyond incarceration and depends on the availability of continued support after release. Structured interventions within correctional facilities, when combined with postrelease guidance and community support, create a more sustainable pathway for reintegration and personal development. The study underscores the importance of institutional support systems in fostering not only behavioral reform but also overall well-being among inmates.

- ✓ *Psychological Well-Being, Mental Health, and Coping*

Monteron and Abellanosa (2025) examined the relationship between perceived social support, psychological well-being, and coping mechanisms among male inmates using a quantitative correlational design and found that higher levels of social support are significantly associated with stronger psychological resilience and more adaptive coping strategies. Inmates who reported receiving support from family members, peers, or institutional personnel demonstrated better emotional stability, greater self-esteem, and a more positive outlook toward their circumstances. These individuals were also more likely to engage in constructive coping

behaviors, such as problem-solving, emotional regulation, and seeking social interaction, rather than resorting to avoidance or maladaptive responses. The findings suggest that social support functions as a protective factor that enhances inmates' capacity to manage stress and navigate the challenges of incarceration. Furthermore, the study revealed that psychological well-being and coping mechanisms influenced inmates' attitudes toward themselves and others, which are essential components of rehabilitation and successful reintegration. Positive self-perception and improved interpersonal relationships were linked to increased motivation for change and a reduced likelihood of engaging in negative behaviors. Monteron and Abellanosa (2025) emphasized the importance of integrating psychosocial interventions within correctional settings to strengthen support networks and promote mental health among inmates.

Villeza and San Jose (2025) investigated psychological distress and resilience among persons deprived of liberty (PDLs) in Western Visayas and found that while inmates commonly experience mild levels of psychological distress, they generally maintain normal levels of resilience. This indicates that although incarceration exposes individuals to stressors such as confinement, uncertainty, and social isolation, many inmates are still able to adapt and maintain a degree of psychological stability. The findings suggest that resilience among inmates may be shaped by internal factors such as coping skills and outlook, as well as external influences like peer relationships and institutional support. This balance between distress and resilience reflects the complex emotional landscape experienced within correctional environments. Interestingly, the study reported no significant relationship between psychological distress and resilience, suggesting that these constructs operate independently rather than inversely among inmates. This highlights the nuanced nature of psychological functioning in correctional settings, where individuals may experience distress while simultaneously demonstrating adaptive capacities. The findings underscore the importance of developing targeted mental health programs that address both emotional difficulties and the strengthening of resilience.

Mabborang (2025) explored the relationship between social adversity and psychological well-being among incarcerated individuals and found that inmates experience moderate levels of both social adversity and psychological well-being. Participants reported challenges such as limited sense of control over their environment, social isolation, and feelings of exclusion, all of which contribute to emotional strain within the correctional setting. These adversities reflect the restrictive and often depersonalizing nature of incarceration, where autonomy is constrained and social interactions are regulated. Despite these conditions, inmates were still able to maintain a moderate level of psychological well-being, suggesting that the presence of certain coping mechanisms or support systems may help mitigate the negative effects of their environment. Furthermore, the study highlights that environmental stressors do not uniformly determine psychological outcomes, as inmates demonstrate varying capacities to adapt and maintain stability. The coexistence of adversity and well-being suggests the influence of protective factors such as personal resilience, social support, and adaptive coping strategies. Mabborang (2025) emphasizes the importance of understanding these dynamics in order to design interventions that address both the reduction of stressors and the enhancement of well-being.

Basilio (2022) examined mental health services in a district jail and found that many correctional facilities lack in-house psychiatric professionals, resulting in a heavy reliance on external medical institutions for the diagnosis and treatment of inmates. This arrangement often creates significant delays in accessing care, as inmates must undergo referral processes, scheduling constraints, and transportation arrangements before receiving appropriate services. The absence of readily available mental health specialists within the facility limits early detection and timely intervention for psychological conditions, which can lead to the worsening of symptoms and increased distress among inmates. These findings highlight a critical gap in the provision of mental health care within correctional settings. Furthermore, the study identified broader systemic issues, including limited access to specialized mental health services and inconsistencies in treatment continuity. The dependence on external providers not only delays care but also affects the consistency and monitoring of treatment plans, which are essential for managing mental health conditions effectively. Basilio (2022) emphasized the need to strengthen mental health infrastructure within correctional facilities by integrating in-house professionals and improving service delivery systems.

Clemente-Faustino and De Guzman (2023) developed a grounded theory explaining self-harming behavior among Filipino detainees and identified multiple phases that describe the progression of such behavior. The study revealed that self-harm does not occur as an isolated act but evolves through a process influenced by cumulative emotional distress, unresolved psychological issues, and exposure to environmental stressors within the correctional setting. Factors such as overcrowding, lack of privacy, uncertainty about legal outcomes, and limited access to mental health support contribute to heightened emotional tension, which may eventually manifest in self-harming behaviors. The identified phases illustrate how individuals move from experiencing distress to engaging in self-harm as a means of coping, expressing pain, or regaining a sense of control. Furthermore, the study emphasized that institutional conditions play a significant role in either exacerbating or mitigating these behaviors. Inadequate mental health services, limited intervention programs, and insufficient monitoring systems were found to contribute to the persistence of self-harm among detainees. The findings highlight the urgent need for preventive interventions, including early identification of at-risk individuals, provision of psychological support, and the development of structured mental health programs within correctional facilities.

✓ *Institutional Conditions, Lived Experiences, and Adaptation*

Pineda et al. (2025) explored the lived experiences of persons deprived of liberty (PDLs) in Laguna using interpretative phenomenological analysis and found that inmates encounter multiple challenges during incarceration, including emotional isolation, financial difficulties, and lack of family support. Participants described feelings of loneliness and disconnection resulting

from separation from loved ones, as well as concerns about their financial situation and responsibilities outside the correctional facility. The absence or weakening of family support further intensified their emotional struggles, highlighting the importance of social connections in maintaining psychological well-being. These findings demonstrate how both personal and structural factors contribute to the complexities of inmates' experiences within correctional settings. Despite these adversities, the study revealed that inmates actively developed coping mechanisms to manage their situation and maintain a sense of stability. These included participation in structured programs, reliance on peer support, and engagement in faith-based activities, all of which provided emotional relief and a sense of purpose. Additionally, the study highlighted outcomes such as personal transformation, increased self-discipline, and a renewed outlook on life, suggesting that incarceration can also serve as a context for growth and reflection.

Paclauna (2024) examined the experiences of persons deprived of liberty (PDLs) during the COVID-19 pandemic and found that inmates faced significant emotional and psychological challenges brought about by heightened uncertainty, restricted movement, and limited contact with the outside world. Participants described feelings of despair, anxiety, and fear, particularly in relation to health risks and the spread of the virus within overcrowded facilities. At the same time, the pandemic prompted periods of reflection and personal reassessment, as inmates confronted their circumstances and future prospects. These findings highlight how crisis situations intensify the already difficult conditions of incarceration, further affecting inmates' mental and emotional wellbeing. Despite these challenges, the study revealed that inmates employed various coping strategies to manage their experiences during the pandemic. Emotional processing, such as reflection and acceptance, played a key role in helping individuals navigate uncertainty, while support from family members and participation in institutional programs provided additional sources of strength and stability. The study emphasized that both external support systems and institutional responses significantly influence how inmates cope during crises.

Barican et al. (2022) explored the lived experiences of female persons deprived of liberty (PDLs) during the COVID-19 pandemic and found that inmates demonstrated resilience, adaptability, and optimism despite facing numerous challenges related to confinement and limited access to basic needs. Participants reported difficulties such as restricted mobility, limited resources, and heightened anxiety due to the risk of infection, all of which intensified the stress of incarceration. However, rather than succumbing entirely to these pressures, many inmates were able to adjust to their circumstances by maintaining a positive outlook and finding ways to cope within the limitations of the correctional environment. These findings illustrate the capacity of individuals to endure and adapt even in highly restrictive and uncertain conditions. Furthermore, the study emphasized the critical role of institutional support in promoting inmates' well-being during crises. Rehabilitation programs, mental health services, and structured activities were identified as essential components in helping inmates manage stress, maintain emotional stability, and develop coping skills. The availability of such programs provided inmates with a sense of purpose and psychological relief, reinforcing their ability to navigate the challenges of confinement.

Arquesola and Sabijon (2025) examined the experiences of female persons deprived of liberty (PDLs) in rehabilitation programs and found that incarceration presents both beneficial and challenging dimensions. On one hand, participants reported positive outcomes such as skill development, improved self-discipline, and strengthened social support through interactions with fellow inmates and program facilitators. These experiences contributed to personal growth and a sense of purpose, helping inmates engage more meaningfully in their rehabilitation process. On the other hand, the study revealed persistent challenges, including fear, emotional isolation, and limited access to essential resources, which negatively affected inmates' overall well-being and participation in programs. These contrasting experiences highlight the complex realities faced by female inmates within correctional settings. Furthermore, the study identified coping strategies that enabled inmates to navigate these challenges, including reliance on faith, peer support, and engagement in community-oriented activities within the facility. These mechanisms provided emotional strength and fostered a sense of belonging despite the restrictive environment. Arquesola and Sabijon (2025) emphasized the need for gender-responsive rehabilitation programs that are sensitive to the unique needs and experiences of female inmates, particularly in addressing emotional, psychological, and social concerns.

Cepe (2025) explored the experiences of aging male persons deprived of liberty (PDLs) using a photovoice methodology and found that older inmates face a combination of chronic health issues, emotional distress, and institutional limitations within correctional settings. Participants documented and described their lived realities through visual and narrative accounts, revealing the prevalence of age-related illnesses, physical decline, and difficulties in accessing appropriate health care services. These challenges were compounded by environmental constraints such as overcrowding, limited mobility, and insufficient age-sensitive facilities, which made daily functioning more difficult for older inmates. In addition, emotional distress stemming from isolation, uncertainty, and separation from family further affected their overall well-being. Despite these adversities, the study found that participants were able to find meaning and maintain a sense of purpose through various coping mechanisms. Faith, ongoing connections with family, and positive social interactions with fellow inmates served as important sources of emotional support and resilience. These factors helped mitigate the negative effects of incarceration and contributed to a more adaptive outlook among aging inmates. Cepe (2025) emphasized the need for age-responsive policies and improved health care services that address the unique needs of older individuals in correctional facilities.

✓ *Health Care Systems, Disease Management, and Policy Perspectives*

Cordero (2024) emphasized the urgent need for health equality among persons deprived of liberty (PDLs), identifying critical institutional shortcomings that contribute to poor health outcomes in correctional facilities. The study highlighted issues such as inadequate health screening procedures, poor ventilation, and severe overcrowding, all of which create conditions conducive to the spread of infectious diseases. These environmental and systemic deficiencies not only increase inmates' vulnerability to illness but also hinder early detection and timely intervention, thereby exacerbating health risks within already constrained settings. The findings underscore that health disparities among PDLs are not merely individual concerns but are deeply rooted in structural and environmental conditions within correctional institutions. Furthermore, the study recommended comprehensive systemic reforms aimed at improving the overall quality of health care services in jails. These include enhancing facility infrastructure, strengthening monitoring and evaluation systems, and prioritizing mental health services alongside physical health care. These reforms aim to create a more responsive and equitable health system for incarcerated populations.

Manahan et al. (2024) described the implementation of an early warning disease surveillance system in correctional facilities and found that the system was generally functional and effective in detecting and monitoring health-related events within jails. The surveillance mechanism enabled timely identification of potential outbreaks and facilitated coordinated responses to emerging health risks, thereby contributing to improved health management in a high-risk environment. This demonstrates the value of integrating systematic monitoring tools in correctional health systems, particularly in settings where overcrowding and limited resources increase the likelihood of disease transmission. The study underscores that proactive surveillance is a critical component in safeguarding the health of persons deprived of liberty (PDLs). However, the study also identified several challenges that limit the full effectiveness of the surveillance system, including a limited workforce and technological constraints. Insufficient personnel to manage data collection and reporting, along with inadequate technological infrastructure, hindered the consistency and efficiency of system implementation. These limitations highlight the need for capacity-building initiatives, resource allocation, and technological upgrades to strengthen health system responsiveness in correctional settings.

Matibag and Orte (2021) assessed tuberculosis (TB) management practices in a district jail and found that while screening procedures and treatment adherence among inmates were generally satisfactory, the overall implementation of TB control measures remained insufficient. The study revealed that although inmates were being identified and treated, gaps persisted in areas such as consistent monitoring, preventive strategies, and environmental control measures. Factors such as overcrowding, limited resources, and inadequate facility conditions contributed to the continued risk of transmission, indicating that existing efforts were not comprehensive enough to fully contain the spread of TB within the correctional setting. Furthermore, the study emphasized the need to strengthen disease management programs by adopting a more holistic and systematic approach to TB control. This includes improving preventive interventions, enhancing facility conditions, ensuring continuous monitoring of cases, and integrating health education initiatives to promote awareness among inmates. Matibag and Orte (2021) highlighted that effective disease management requires not only treatment compliance but also strong institutional support and infrastructure.

Dorato et al. (2022) explored the challenges faced by jail officers in enforcing health protocols during the COVID-19 pandemic and found that the implementation of health measures in correctional facilities is hindered by multiple operational and environmental constraints. Officers reported difficulties in maintaining physical distancing due to overcrowding, managing the constant risk of infection among both inmates and staff, and ensuring compliance with rapidly changing health guidelines. These challenges were further complicated by limited resources, high population density, and the need to balance security responsibilities with public health requirements. The findings illustrate that even well-designed health protocols may be difficult to implement effectively within the realities of correctional environments. Furthermore, the study emphasized that these challenges create significant barriers to maintaining consistent health standards, ultimately affecting the quality of health protection provided to inmates. The inability to fully enforce preventive measures increases vulnerability to disease transmission and places additional strain on both correctional staff and health systems within the facility. Dorato et al. (2022) highlight the complexity of managing health crises in jails, where institutional limitations intersect with public health demands.

Englatiera et al. (2024) examined the impact of a physical fitness program on the quality of life of female inmates and found that participation in structured physical activities led to significant improvements in physical health, emotional well-being, and overall life satisfaction. Participants reported increased energy levels, improved physical functioning, and reduced physical discomfort, indicating that regular exercise can effectively address some of the health challenges associated with confinement. In addition to physical benefits, the program also contributed to enhanced mood, reduced stress, and a greater sense of self-worth, demonstrating the interconnected nature of physical and psychological health among inmates. Furthermore, the study highlighted that structured health interventions within correctional facilities can serve as valuable tools for promoting holistic well-being. The positive outcomes observed among participants suggest that programs focused on physical fitness not only improve health but also foster discipline, motivation, and social interaction. These benefits contribute to a more supportive and rehabilitative environment, which can enhance inmates' overall quality of life.

Aquino et al. (2025) investigated the experiences of unvisited persons deprived of liberty (PDLs) and found that the absence of family contact significantly affects inmates' emotional and psychological well-being.

Participants reported feelings of loneliness, abandonment, and sadness, which were intensified by the lack of communication and emotional support from loved ones. The absence of visitation not only disrupted social connections but also diminished inmates' sense of belonging and self-worth, contributing to increased psychological distress. These findings highlight how family separation, a common condition in incarceration, can have profound effects on inmates' mental health and overall well-being. Despite these challenges, the study revealed that inmates developed various coping mechanisms that enabled them to manage their emotional struggles and maintain resilience. These included forming bonds with fellow inmates, engaging in personal reflection, and relying on internal strengths to navigate their situation. Such adaptive strategies demonstrate the capacity of individuals to adjust even in the absence of traditional support systems. Aquino et al. (2025) emphasized the critical role of family support in sustaining inmates' mental health, suggesting that its absence creates additional burdens that must be addressed through alternative support mechanisms.

- *Synthesis of the Related Literature*

The review of related literature, both foreign and local, reveals that healthseeking behavior and health service utilization among incarcerated individuals are influenced by a complex interaction of individual, social, and institutional factors. Foreign studies emphasize that access to health information, literacy, and trust in health systems significantly shape inmates' willingness to seek care (Nwakasi et al., 2022; Yesuf et al., 2024). Moreover, institutional conditions such as overcrowding and gatekeeping systems affect both the type and frequency of services accessed, often resulting in disparities between physical and mental health care utilization (Spycher et al., 2021). These findings suggest that health service engagement is not solely dependent on availability but also on inmates' capacity to understand and navigate health systems. Similarly, local literature reflects how inmates' experiences, particularly emotional isolation and lack of support, influence their coping behaviors and engagement with institutional services (Pineda et al., 2025; Paclauna, 2024), reinforcing the interplay between personal and structural determinants of health care access.

A significant theme emerging from both foreign and local literature is the presence of barriers to health care access within correctional facilities. Foreign studies highlight institutional culture, stigma, and distrust as major obstacles to seeking mental health support (Byrne et al., 2024; Addison et al., 2025). Structural issues such as inadequate staffing, limited psychiatric services, and inconsistent disease screening further constrain access to quality care (Rosen et al., 2024; Maner et al., 2022). These challenges are mirrored in local studies, which identify overcrowding, limited infrastructure, and insufficient mental health services as critical concerns affecting inmates' health outcomes (Cordero, 2024; Basilio, 2022). Additionally, difficulties in implementing health protocols during crises, such as the COVID-19 pandemic, highlight the operational limitations of correctional systems (Dorato et al., 2022). Collectively, these findings underscore that systemic and institutional barriers significantly hinder effective health care delivery in correctional settings.

Another key theme is the relationship between incarceration and health inequalities. Foreign literature consistently identifies incarceration as a structural determinant of poor health outcomes, linking it to increased mortality from infectious diseases, chronic illnesses, and mental health conditions (Kajeepta et al., 2021; Novisky et al., 2021). Institutional factors such as overcrowding, high turnover, and inadequate facilities further exacerbate these risks (Adler & Chen, 2023). Local studies complement these findings by documenting how environmental stressors, such as confinement, limited resources, and social isolation, negatively affect inmates' physical and psychological well-being (Clemente-Faustino & De Guzman, 2023; Cepe, 2025). These parallels indicate that health disparities in correctional settings are not isolated issues but are deeply rooted in systemic and environmental conditions that extend beyond individual control.

The literature also highlights inmates' capacity for adaptation through coping mechanisms, self-management, and resilience. Foreign studies show that inmates actively engage in health-promoting behaviors such as exercise and dietary adjustments, although these efforts are often constrained by institutional limitations (Avieli, 2023; Mommaerts et al., 2023). Similarly, local studies reveal that inmates develop coping strategies including peer support, faith-based activities, and participation in structured programs, which contribute to emotional stability and personal growth (Barican et al., 2022; Arquesola & Sabijon, 2025). Social support, particularly from family and peers, emerges as a critical factor in enhancing psychological well-being and resilience (Monteron & Abellanos, 2025; Aquino et al., 2025). These findings demonstrate that while incarceration presents significant challenges, inmates exhibit adaptive capacities that help mitigate adverse health effects.

Mental health needs and behavioral health interventions constitute another major area of convergence between foreign and local literature. Foreign studies highlight the high prevalence of mental health conditions among inmates and the persistent gaps in service accessibility and continuity of care (Kurdyak et al., 2022; Hedden et al., 2021). Structured interventions, such as jail-based mental health programs, have been shown to improve treatment engagement but require sustained support beyond incarceration (Comartin et al., 2022). Local literature similarly emphasizes the importance of rehabilitation programs, such as the Therapeutic Community Modality Program, in promoting behavioral change, emotional regulation, and reduced recidivism (Marquez, 2025; Luceño, 2024). However, both bodies of literature point to the need for more comprehensive, gender-responsive, and context-specific interventions to address diverse inmate needs effectively.

Finally, both foreign and local literature advocate for a more holistic and system-oriented approach to health care in correctional facilities. Foreign studies propose integrated health promotion models that combine medical care with environmental improvements, health education, and community-based support systems (Ramaswamy & Freudenberg, 2021; Abrifor et al., 2023).

Local studies reinforce this perspective by highlighting the importance of disease surveillance systems, improved infrastructure, and structured health programs in enhancing inmates' well-being (Manahan et al., 2024; Englatiera et al., 2024). Furthermore, the role of family support, reintegration programs, and post-release services is emphasized as essential for sustaining health outcomes beyond incarceration (Valdez, 2026; Solis et al., 2025).

➤ *Related Studies*

• *Foreign Studies*

✓ *Health Conditions and Morbidity Among Incarcerated Individuals*

Favril et al. (2024) conducted an umbrella review that synthesized findings from multiple systematic reviews to provide a comprehensive picture of the health status of incarcerated populations. The study revealed that inmates experience disproportionately high rates of mental health disorders, including depression, post-traumatic stress disorder, anxiety, and psychotic illnesses, often occurring alongside substance use disorders. In addition to these mental health concerns, the review also identified a high prevalence of physical health conditions, particularly infectious diseases such as hepatitis, tuberculosis, and HIV. These findings suggest that incarcerated individuals face a complex and compounded health burden, characterized by co-occurring mental and physical conditions that require sustained and specialized medical attention within correctional settings. Moreover, the study emphasized that this distinct pattern of morbidity is shaped by both pre-existing vulnerabilities and the conditions of incarceration itself. Many individuals enter correctional facilities with prior disadvantages, such as limited access to health care, poverty, trauma, and substance dependence, which are further aggravated by the restrictive and often resource-limited prison environment. Factors such as overcrowding, delayed access to treatment, and inadequate health services contribute to the deterioration of inmates' overall health. As a result, Favril et al. (2024) highlighted the urgent need to strengthen prison health systems and integrate them into broader public health frameworks.

Prost et al. (2021) examined health disparities among older incarcerated individuals and found that this population experiences a significantly higher burden of chronic illnesses compared to their counterparts in the general population. These conditions include cardiovascular diseases, hypertension, diabetes, and other age-related health issues that are often more severe due to limited access to consistent and preventive health care prior to incarceration. In addition to physical health concerns, the study also reported elevated levels of mental health conditions, particularly depression and post-traumatic stress symptoms, which are further intensified by the stressors of confinement. Functional impairments, such as reduced mobility, sensory limitations, and difficulties in performing daily activities, were also found to be more pronounced among older inmates, affecting their overall quality of life within correctional settings. Furthermore, the study highlighted notable differences across age cohorts, revealing that the process of aging within prison environments produces compounded and accelerated health deterioration. Factors such as overcrowding, inadequate medical resources, limited mobility, and the psychological impact of long-term confinement contribute to the worsening of both physical and mental health conditions among older inmates. These findings underscore the heightened vulnerability of specific subgroups within the incarcerated population and emphasize the need for age-sensitive and targeted health interventions.

Augsburger et al. (2022) examined the physical and mental health status of incarcerated women in Switzerland and found that a substantial proportion of participants reported experiencing multiple health problems during their confinement. The study revealed particularly high levels of mental health concerns, including depression, stress, and substance use disorders, which often co-occurred with physical health issues. Many of the women indicated that their overall health had deteriorated while in custody, suggesting that the conditions of incarceration may contribute to the worsening of both psychological and physiological well-being. These findings reflect the complex health profiles of incarcerated women, who frequently enter correctional facilities with preexisting vulnerabilities that are further exacerbated by the prison environment.

Moreover, while the study noted that access to medical services was generally available within the facility, questions remained regarding the adequacy, responsiveness, and quality of the care provided. Participants expressed uncertainties about whether their health needs were being fully addressed, pointing to potential gaps in service delivery, particularly in meeting genderspecific health concerns. The study emphasized the importance of recognizing the unique health needs of female inmates, including mental health support, reproductive health care, and trauma-informed services. In relation to the present study, these findings underscore the significance of examining inmates' lived health experiences within institutional constraints, as they highlight how access to services does not necessarily equate to adequate or effective care. This reinforces the need for context-sensitive and tailored interventions that respond to the diverse needs of incarcerated populations.

✓ *Access to Health Care and Systematic Barriers*

Lopez et al. (2024) investigated health conditions and access to care among incarcerated individuals in U.S. prisons and found that a substantial proportion of inmates experience chronic physical and mental health conditions. These include long-term illnesses such as hypertension, diabetes, and respiratory disorders, as well as mental health issues like depression, anxiety, and substance use disorders. Despite the high prevalence of these conditions, the study revealed that many inmates do not receive the medical or mental health services they require. This gap between health needs and service provision indicates a critical deficiency in the delivery of care within correctional facilities, where timely and adequate treatment is essential for maintaining inmates' overall well-being. A

key finding of the study was the identification of financial barriers, particularly the requirement of co-payments, which significantly limit inmates' access to health care services. Even minimal fees were found to discourage inmates from seeking medical attention, especially given their limited financial resources. This creates a situation where individuals delay or forgo necessary treatment, leading to the worsening of health conditions over time. The study highlights systemic inequities within correctional health systems, where structural policies and resource constraints hinder equitable access to care.

Scanlon and Morgan (2025) examined the barriers to implementing mental health services in jail settings and identified a range of institutional challenges that significantly impede service delivery. These challenges include logistical constraints such as limited staffing, restricted schedules, and inadequate space, as well as operational disruptions like facility lockdowns and security protocols that interrupt or delay access to care. The study found that while mental health programs may be available in theory, their actual implementation is often inconsistent and fragmented due to these systemic limitations. As a result, inmates who require psychological support may experience delays, interruptions, or complete lack of access to necessary services. Furthermore, the study revealed that although many inmates expressed a willingness and interest in participating in mental health treatment, only a small proportion were able to do so due to the barriers present within the correctional environment. This gap between demand and actual service utilization highlights the disconnect between program availability and accessibility. The findings underscore how institutional processes and structural constraints can undermine the effectiveness of health interventions, even when such programs are in place.

Carda-Auten et al. (2022) analyzed health care delivery systems in jails in the southeastern United States and found that many facilities relied heavily on private contractors and, in some cases, non-medical staff to deliver health services. This reliance often resulted from budgetary constraints and limited institutional resources, which shaped how care was organized and provided within correctional settings. The study highlighted that such arrangements could lead to variability in service quality, as the consistency and standardization of care depended on the capabilities and oversight of contracted providers. Additionally, the involvement of non-medical personnel in certain aspects of care raised concerns about the appropriateness and effectiveness of service delivery, particularly in addressing complex medical and mental health needs of inmates. Moreover, the study revealed that resource limitations and inconsistent service models significantly affected both the accessibility and quality of health care services in jails. In particular, reentry health services—such as continuity of care, discharge planning, and linkage to community-based providers—were often insufficient or absent, leaving inmates vulnerable upon release. These systemic gaps underscore broader concerns regarding the adequacy of health care provision within correctional facilities and highlight the challenges in ensuring equitable and comprehensive care for incarcerated populations.

Canada et al. (2022) explored multi-level barriers to health care among formerly incarcerated individuals with mental illness and identified a range of structural and procedural challenges that hinder access to care. These included complex administrative processes, long waiting times, and inadequate staffing, all of which created difficulties for individuals attempting to navigate the health care system. Participants described how these barriers often resulted in delayed or unmet medical needs, particularly for those requiring consistent mental health support. The study also noted that systemic inefficiencies contributed to confusion and frustration, discouraging individuals from actively seeking the care they needed. In addition to structural barriers, the study highlighted the significant role of interpersonal interactions in shaping health care experiences. Participants reported mixed encounters with health care providers, where attitudes, communication styles, and perceived empathy influenced their willingness to engage with services. Negative experiences, such as feeling dismissed or misunderstood, reduced trust and discouraged future help-seeking behavior, while positive interactions fostered a sense of support and encouraged continued care. These findings underscore the importance of addressing both institutional processes and relational dynamics in improving health service delivery.

✓ *Institutional Conditions and Health Inequalities*

Hyatt, Andersen, and van Tiem (2024) examined the relationship between prison climate and inmates' perceptions of health and justice, revealing generally low levels of satisfaction with both personal health status and access to medical care among incarcerated individuals. Their findings suggest that inmates often perceive health services as inadequate or difficult to access, which contributes to negative assessments of their overall well-being. Importantly, the study identified significant variations across housing units, indicating that institutional conditions are not uniform within a single facility. Factors such as the quality of staff-inmate relationships, availability of support, and levels of supervision were found to influence how inmates perceive and experience health care services. In particular, environments characterized by strained interactions with staff or limited communication tended to be associated with lower satisfaction and greater dissatisfaction with health care access. Moreover, the study emphasized the role of isolation and confinement conditions in shaping inmates' health experiences. Higher levels of isolation, restricted movement, and reduced social interaction were linked to poorer perceptions of both physical and mental health, highlighting how environmental stressors within correctional settings can exacerbate existing health conditions. These findings underscore that prison climate is a critical determinant of health outcomes, as it directly affects not only access to care but also inmates' willingness to seek help and engage with available services.

Cloud et al. (2023) examined mass incarceration as a structural driver of health inequalities, emphasizing that the health challenges experienced by incarcerated individuals cannot be understood in isolation from broader social and institutional contexts. The study highlighted how prison conditions—such as overcrowding, limited access to quality health care, poor sanitation, and high

levels of stress—contribute to the development and exacerbation of chronic illnesses, communicable diseases, and behavioral health issues. These conditions not only affect individuals during incarceration but may also have longterm consequences that persist even after release. By framing incarceration as a public health concern, the study underscores the interconnectedness of correctional health systems and community health outcomes. Furthermore, the study traced the socio-historical roots of mass incarceration, pointing to systemic inequalities such as poverty, limited access to education and health care, and social marginalization that disproportionately affect certain populations. These factors increase both the likelihood of incarceration and the prevalence of preexisting health conditions among inmates. Cloud et al. (2023) therefore emphasized the need for comprehensive and systemic reforms that address both the conditions within correctional facilities and the broader structural determinants of health.

Grosholz and Semenza (2021) explored the relationship between inmates' health conditions and their vulnerability to victimization within correctional settings, finding that individuals with physical disabilities and mental illnesses were significantly more likely to experience theft victimization. The study suggests that these individuals may be perceived as more vulnerable targets due to limitations in mobility, reduced ability to defend themselves, or social isolation within the prison environment. Mental health conditions may also affect awareness, judgment, or the ability to navigate interpersonal dynamics, further increasing susceptibility to victimization. These findings indicate that health status is not only a medical concern but also a factor that shapes inmates' safety and daily experiences within correctional facilities. Moreover, the study highlights the intersection between health and environmental conditions, emphasizing that inmates' well-being is influenced by both their physical or mental health status and the broader institutional context in which they are confined. Factors such as overcrowding, lack of supervision, and limited protective mechanisms may exacerbate the risks faced by vulnerable inmates. This underscores the need for correctional systems to adopt a more holistic approach that integrates health care provision with safety and protective measures.

✓ *Health-Seeking Behavior, Perceptions, and Coping*

Berk et al. (2021) emphasized the importance of incorporating inmates' voices in identifying health priorities, arguing that mass incarceration constitutes a significant public health issue that demands a more patient-centered and inclusive approach. The study highlighted that incarcerated individuals experience a wide range of health concerns, particularly in the areas of mental health, substance use disorders, and infectious diseases. However, the authors noted that traditional health care and policy frameworks often fail to adequately account for the perspectives and lived realities of inmates, resulting in interventions that may not fully address their actual needs. By advocating for the inclusion of inmates' insights, the study underscores the value of experiential knowledge in shaping more responsive and effective health care systems within correctional settings. Furthermore, the study called for greater engagement of incarcerated individuals in both research and policy development processes, emphasizing that their participation can lead to more accurate identification of health priorities and more equitable health care solutions. A patient-centered approach, as proposed by the authors, recognizes inmates as active contributors rather than passive recipients of care, thereby fostering trust, improving communication, and enhancing the overall quality of service delivery.

Suh et al. (2026) explored the experiences of older inmates in accessing health care and found that this population faces significant challenges related to both the physical and procedural aspects of the prison environment. Participants reported difficulty navigating the facility due to mobility limitations, as well as confusion regarding the processes for requesting medical assistance. Unclear or inconsistent procedures often led to delays in receiving care, which in turn contributed to the worsening of existing health conditions. These findings suggest that the complexity of institutional systems, combined with the physical constraints of aging, creates substantial barriers for older inmates seeking timely and appropriate health services. In addition, the study revealed that inmates frequently relied on fellow prisoners for assistance in managing their health concerns, highlighting the importance of informal support systems within correctional settings. Participants also expressed mistrust toward medical staff, which influenced their willingness to seek care and engage with available services. This lack of trust, coupled with environmental and procedural barriers, shaped inmates' health-seeking behaviors and overall experiences with the health care system.

Cassarino et al. (2023) examined barriers to vaccine administration in jail settings and found that factors such as trust, institutional policies, and staff attitudes played a critical role in shaping the delivery of health services. The study revealed that inmates' willingness to accept vaccination was closely linked to their level of trust in the correctional health system, including both medical personnel and institutional authorities. In addition, restrictive or unclear institutional policies, as well as inconsistent communication, created challenges in implementing vaccination programs effectively. Staff attitudes and approaches to care further influenced the success of these initiatives, as supportive and wellinformed personnel were more likely to facilitate acceptance, while negative or dismissive attitudes contributed to resistance and low participation rates. Moreover, the study highlighted that differing perspectives among health administrators and correctional staff affected the consistency and effectiveness of program implementation. Variations in priorities, resource allocation, and interpretations of policy led to uneven delivery of vaccination services across facilities. These findings underscore the importance of institutional culture and perception in shaping both health behaviors and access to care within correctional environments.

✓ *Specialized Health Needs and Service Gaps*

Aziz et al. (2021) investigated cancer care among incarcerated populations and found that many individuals are diagnosed at advanced stages of the disease, largely due to delayed detection and limited access to specialized medical services. The study highlighted that routine screening and early diagnostic procedures are often insufficient or unavailable within correctional facilities,

resulting in missed opportunities for early intervention. In addition, barriers such as restricted movement, delayed referrals, and limited availability of oncology specialists contribute to prolonged waiting times and late diagnoses. These conditions significantly reduce the chances of effective treatment and recovery, placing incarcerated individuals at a higher risk of poor health outcomes compared to the general population. Furthermore, the study emphasized that the absence of standardized quality-of-care measures within correctional health systems exacerbates disparities in cancer care. Without consistent protocols, monitoring systems, and accountability mechanisms, the quality and continuity of care vary widely across facilities. This lack of standardization hinders the delivery of comprehensive and timely treatment, particularly for complex conditions requiring specialized interventions.

Fortino et al. (2024) examined substance use disorder (SUD) services in jail settings and found considerable variability in both the availability and quality of treatment programs across facilities. The study revealed that while some institutions offered basic screening and limited interventions, many lacked comprehensive, evidence-based treatment options such as medication-assisted treatment, counseling services, and continuity of care programs. This inconsistency resulted in unequal access to care, where some inmates received minimal or no support despite having clear treatment needs. Such gaps highlight the fragmented nature of health service provision within correctional systems, particularly for conditions that require sustained and specialized intervention. Furthermore, the study identified key barriers to effective service delivery, including limited funding, insufficient staffing, and competing institutional priorities. These constraints often led to reduced program capacity, long waiting times, and interruptions in treatment, ultimately affecting the effectiveness of care. The findings demonstrate how institutional limitations directly influence inmates' ability to access specialized health services, particularly for substance use disorders that require ongoing management.

Flanagan Balawajder et al. (2025) explored barriers to providing medications for opioid use disorder (MOUD) in jail settings and identified a range of policy, logistical, and resource-related challenges that significantly limit access to treatment. The study found that institutional policies often restrict the initiation or continuation of MOUD, while logistical issues such as intake procedures, medication storage, and coordination with external providers further complicate service delivery. In addition, limited funding and shortages of trained personnel hinder the consistent implementation of treatment programs. These barriers collectively create a fragmented system in which access to evidence-based care is not guaranteed, even for inmates with clear clinical needs. Moreover, the study revealed that the mere availability of medications does not ensure equitable or consistent access, as implementation varies widely across facilities. Differences in administrative priorities, resource allocation, and staff readiness contribute to uneven service provision, resulting in some inmates receiving appropriate treatment while others are left untreated. This inconsistency underscores systemic inequities within correctional health care systems and highlights the need for comprehensive policy reforms and increased resource investment.

✓ *Broader Social and Post-Incarceration Impacts*

Feingold (2021) examined the stigma associated with incarceration and found that both external discrimination and internalized stigma significantly contribute to ongoing health and social inequalities among formerly incarcerated individuals. The study revealed that individuals with a history of incarceration often face negative labeling, social exclusion, and reduced access to opportunities such as employment, housing, and health care. These experiences of discrimination can lead to heightened stress, reduced self-esteem, and reluctance to seek medical or psychological support. Internalized stigma, wherein individuals adopt negative societal perceptions about themselves, further compounds these challenges by influencing their behavior, decisionmaking, and overall well-being. Moreover, the study highlighted that the effects of stigma extend beyond the period of incarceration, producing long-term consequences that affect both physical and mental health outcomes. Persistent stigma can discourage individuals from engaging with health services, thereby contributing to untreated conditions and worsening health disparities over time. Feingold (2021) emphasized the need for targeted interventions aimed at reducing stigma at both societal and institutional levels, including awareness campaigns, policy reforms, and supportive reintegration programs.

Sundaresh et al. (2021) investigated the effects of family member incarceration on well-being and life expectancy and found that individuals with incarcerated relatives reported significantly lower levels of overall well-being and reduced life expectancy compared to those without such experiences. The study highlighted how the incarceration of a family member introduces emotional, financial, and social stressors that negatively affect the health and quality of life of those left in the community. Feelings of anxiety, stigma, and social isolation were commonly reported, along with disruptions in family structure and economic stability. These factors collectively contribute to diminished mental and physical health outcomes, illustrating that the impact of incarceration extends beyond the individual to affect entire families. Furthermore, the study emphasized that these effects are not only immediate but may also have long-term consequences, as chronic stress and reduced access to resources can accumulate over time, leading to poorer health trajectories and shorter life expectancy. The findings demonstrate that incarceration functions as a broader social determinant of health, influencing not only those who are imprisoned but also their support networks.

Patterson, Talbert, and Brown (2021) explored the mental health effects of familial incarceration among African American women and found that the incarceration of a family member is associated with increased psychological distress, including heightened levels of anxiety, depression, and emotional strain. The study revealed that these women often experience compounded stress due to caregiving responsibilities, financial instability, and social stigma linked to having an incarcerated relative. The emotional burden is further intensified by feelings of uncertainty, loss, and disrupted family dynamics, all of which contribute to adverse mental health outcomes. These findings underscore that the effects of incarceration extend beyond the individual, significantly impacting the

psychological well-being of family members. Moreover, the study emphasized the intersection of race, gender, and incarceration in shaping these experiences, highlighting how structural inequalities disproportionately affect African American women. Historical and systemic factors such as racial discrimination, socioeconomic disadvantage, and limited access to mental health resources exacerbate the impact of familial incarceration on this population. The study points to the need for culturally responsive and gender-sensitive interventions to address these disparities.

Mohammad et al. (2023) examined health challenges faced by formerly incarcerated individuals during the reentry process and identified multiple barriers that hinder their ability to achieve and maintain good health. These barriers include limited access to health care services, difficulties in securing health insurance, and a lack of continuity of care after release. The study also highlighted the absence of strong social support systems, which further complicates individuals' ability to manage chronic conditions or seek timely medical assistance. Many participants reported that untreated or poorly managed health issues during incarceration continued to affect them upon reentry, indicating that gaps in prison health services have lasting consequences beyond the period of confinement. Furthermore, the study emphasized that improving health outcomes for formerly incarcerated individuals requires addressing both institutional and community-level factors. At the institutional level, there is a need to strengthen health care systems within correctional facilities to ensure adequate diagnosis, treatment, and preparation for release. At the community level, support mechanisms such as accessible health services, social reintegration programs, and coordinated care networks are essential for sustaining health improvements after incarceration.

- *Local Studies*

- ✓ *Health Conditions and Well-Being of Persons Deprived of Liberty*

Milallos and Cutamora (2024) explored the lived experiences of older persons deprived of liberty (PDLs) in Cebu Province using a descriptive phenomenological approach, providing in-depth insights into how incarceration affects elderly inmates. Through interviews with nine participants, the study revealed that incarceration significantly impacts the physical, mental, and social well-being of older individuals. Participants reported experiencing various health problems, including chronic illnesses and physical limitations, alongside psychosocial concerns such as loneliness, anxiety, and emotional distress. In addition, challenges in meeting basic needs—particularly adequate food, restful sleep, and comfortable living conditions—were identified as major factors that further compromised their overall health and quality of life within the correctional environment. Despite these adversities, the study also highlighted the resilience of older inmates, who coped with their circumstances through social support from fellow inmates, reliance on faith, and the maintenance of a positive outlook. However, Milallos and Cutamora (2024) emphasized that existing jail health systems are often inadequate in addressing the specialized needs of elderly inmates, particularly in terms of comprehensive health assessments, ageappropriate care, and mental health support services. These gaps point to the need for more responsive and inclusive health care strategies within correctional facilities.

Camuyong (2024) investigated the lived experiences of incarcerated elders using a hermeneutic phenomenological approach and found that elderly inmates often experience a diminished quality of life due to unmet psychological and physiological needs. Participants reported challenges related to inadequate health care, limited access to appropriate nutrition, and insufficient support for age-related conditions such as mobility limitations and chronic illnesses.

Psychological concerns, including loneliness, anxiety, and emotional distress, were also prevalent, reflecting the compounded effects of aging within a restrictive correctional environment. The study attributed these conditions largely to poor prison management practices and inadequate facility support, which hinder the provision of responsive and age-appropriate services, ultimately contributing to dissatisfaction among inmates. Despite these challenges, the study also revealed that elderly inmates demonstrated a capacity for psychological adaptation by finding meaning and positive insights in their experiences. Many participants relied on personal reflection, spirituality, and social interactions to cope with their circumstances, suggesting resilience in the face of adversity. These findings highlight the intersection of aging and incarceration, where both factors jointly influence inmates' health and well-being.

Baldonado (2022) examined the physical activity participation of inmates in Santiago City District Jail and found that while inmates are engaged in various activities such as sports, dance, and livelihood programs, their participation tends to be irregular due to institutional constraints. Factors such as limited scheduling, restricted space, and operational priorities within the correctional facility often affect the consistency and availability of these activities. Despite these limitations, inmates reported moderate satisfaction with their participation, noting that these activities provide meaningful opportunities for physical exercise, social interaction, and mental stimulation. The findings suggest that even within restrictive environments, structured activities can play a significant role in supporting inmates' overall well-being. Furthermore, the study highlighted the multifaceted benefits of physical activity, including improvements in physiological health, enhanced mood and psychological resilience, and strengthened social relationships among inmates. However, the irregularity of participation underscores the influence of institutional conditions on inmates' ability to maintain healthy routines. These constraints limit the full potential of such programs in promoting sustained health benefits.

✓ *Access to Health Care and Health System Challenges*

Yarcia and Bernadas (2023) examined the right to health of persons deprived of liberty in the Philippines within the context of the COVID-19 pandemic and found that structural and systemic limitations significantly hinder effective health care delivery in detention facilities. The study highlighted that overcrowding remains a major concern, as it facilitates the rapid transmission of infectious diseases and limits the capacity of facilities to implement proper health protocols. In addition, limited health resources, including shortages of medical personnel, inadequate facilities, and insufficient medical supplies, further constrain the ability of correctional institutions to provide timely and adequate care. The absence or weakness of health information systems also impedes efficient monitoring, reporting, and response to health issues, thereby affecting the overall management of inmate health during public health crises. Furthermore, the study emphasized the heightened vulnerability of inmates to infectious diseases, underscoring the critical responsibility of the state to uphold their right to health and ensure access to appropriate medical services. It called for comprehensive policy reforms, including prison decongestion, improved health infrastructure, and stronger integration of correctional health systems with national public health frameworks. These recommendations aim to align detention facilities with established public health standards and human rights principles.

Elino and Aldaba (2025) focused on tuberculosis (TB) prevention in Davao City Jail and found that despite the implementation of screening, diagnostic, and treatment programs, a high burden of TB persists among inmates. The study revealed that while efforts to detect and treat TB cases were relatively effective, preventive strategies remained insufficient, allowing the continued transmission of the disease within the facility. Contributing factors included overcrowding, poor ventilation, and prolonged close contact among inmates, which create an environment conducive to the spread of communicable diseases. These findings indicate that addressing TB in correctional settings requires not only treatment-focused interventions but also strong preventive measures to control infection at its source. Furthermore, the study identified a critical gap in preventive strategies due to limited technical capacity and resource constraints within the correctional system. Inadequate training, lack of specialized personnel, and insufficient funding were cited as key barriers to implementing comprehensive TB prevention programs. These limitations hinder the ability of facilities to sustain long-term disease control efforts and protect inmates from infection.

Aguilar and Magtaan (2025) examined the management of contagious diseases in a provincial jail in Occidental Mindoro and found that inmates generally demonstrated awareness of disease prevention and adherence to basic hygiene practices. Participants showed efforts to maintain cleanliness and follow health protocols, indicating a level of individual responsibility in preventing the spread of infectious diseases. However, despite these positive behaviors, the study revealed that institutional challenges continued to undermine effective disease management. Limitations such as inadequate resources, overcrowded living conditions, and gaps in health management systems created an environment where disease control measures were difficult to sustain and fully implement. Furthermore, the study emphasized that improving health outcomes in correctional facilities requires not only individual compliance but also strengthened institutional capacity. It highlighted the need for enhanced health education programs, more comprehensive risk assessment strategies, and stronger collaboration between correctional facilities and public health agencies. These measures are essential to ensure a coordinated and effective response to contagious diseases.

✓ *Institutional Conditions and Lived Experiences in Jail*

Saguran et al. (2023) explored the lived experiences of persons deprived of liberty (PDLs) in detention facilities using a phenomenological approach and found that, although inmates were generally treated humanely by custodial staff, significant deficiencies persisted in basic living conditions. Participants reported challenges related to inadequate food quality and quantity, poor ventilation, overcrowded spaces, and the lack of designated areas for physical exercise. These conditions were found to negatively affect both physical health and overall well-being. In addition, the absence of structured mental health programs limited inmates' access to psychological support, leaving many to cope with stress, anxiety, and emotional strain on their own. These findings indicate that humane treatment alone is insufficient if not accompanied by adequate living conditions and support services. Furthermore, the study highlighted how restrictions imposed during the COVID-19 pandemic, particularly limitations on visitation, further intensified inmates' emotional and psychological distress. Reduced contact with family members weakened support systems that are essential for coping and maintaining mental health during incarceration. The combination of environmental limitations and social isolation underscores the critical role of institutional conditions in shaping inmates' quality of life.

Sunico (2024) assessed the struggles of persons deprived of liberty (PDLs) in Tuguegarao City District Jail and found that while inmates generally expressed satisfaction with the rehabilitation programs provided, several critical issues remained unresolved. Participants reported ongoing mental health concerns, including stress, anxiety, and emotional distress, which were not fully addressed by existing services. In addition, limited access to legal assistance and poor facility conditions, such as overcrowding and inadequate infrastructure, continued to affect inmates' daily experiences. Barriers to communication with family members further compounded these challenges, reducing opportunities for emotional support and social connection during incarceration. Furthermore, the study highlighted a notable gap between the implementation of rehabilitation programs and the actual needs of inmates. Although programs were available, they were not always sufficient or responsive to the complex realities faced by PDLs, particularly in addressing mental health and psychosocial needs. This disconnect suggests the need for a more holistic and needs-based approach to service delivery within correctional facilities.

Gales et al. (2023) investigated the lived experiences of persons deprived of liberty (PDLs) in Surigao City and identified key themes such as connections, self-reflection, challenges, and adaptation for survival. The study revealed that inmates experience a complex range of emotions and situations during incarceration, including emotional distress, loneliness, and experiences of discrimination. These challenges often stem from separation from family, restricted freedom, and the pressures of living within a controlled and confined environment. At the same time, inmates reflected on their circumstances, leading to increased self-awareness and opportunities for personal growth, demonstrating that incarceration can also prompt introspection and behavioral change. Furthermore, the study highlighted the dynamic and evolving nature of inmates' experiences, showing that individuals are capable of adapting to the constraints of the correctional environment over time. Participants described developing coping strategies, forming social connections, and finding meaning in their experiences as ways to navigate daily life in detention. This capacity for adaptation underscores the resilience of inmates despite the limitations imposed by incarceration.

✓ *Mental Health, Coping Mechanisms, and Behavioral Responses*

Clemente-Faustino and De Guzman (2024) examined self-harming behavior among Filipino male detainees using a phenomenological approach and conceptualized this behavior as a manifestation of “tension and compression” within the prison environment. The study found that inmates experience intense emotional distress arising from factors such as isolation, uncertainty about their legal status, separation from family, and the pressures of living in a highly controlled setting. These internal tensions are further compounded by environmental constraints, including overcrowding, limited privacy, and restricted autonomy, which collectively create a sense of psychological compression. As a result, self-harming behavior emerges as a coping mechanism for releasing emotional pain, regaining a sense of control, or expressing distress that may otherwise remain unaddressed. Furthermore, the study identified that limited coping resources and inadequate access to mental health support exacerbate the likelihood of self-harming tendencies among inmates. The absence of structured psychological interventions and supportive programs leaves many individuals without appropriate outlets for managing stress and emotional challenges. Clemente-Faustino and De Guzman (2024) emphasized the need for comprehensive, trauma-informed mental health services within correctional facilities to address these issues effectively.

De Guzman et al. (2021) explored the experience of fear among older Filipino prisoners and found that fear is largely shaped by environmental stimuli, exposure to violence, and the nature of social interactions within the prison setting. Participants described living in a constant state of alertness due to potential threats, overcrowded conditions, and uncertainty about their safety, all of which contributed to heightened anxiety and emotional distress. The study revealed that fear is not only a response to actual incidents of violence but also to perceived risks within the correctional environment, indicating that the prison climate plays a significant role in shaping inmates' psychological experiences. Furthermore, the study found that inmates often develop avoidance behaviors as a means of coping with fear, such as limiting social interactions or staying away from potentially dangerous situations. At the same time, protective factors such as spirituality, faith-based practices, and participation in support groups were identified as important sources of emotional resilience. These coping mechanisms help inmates manage their fears and maintain a sense of stability despite the challenges of incarceration.

Tesoro (2025) examined the narratives of elderly inmates and highlighted the complex emotional, psychological, and social challenges they face while incarcerated. The study found that older inmates often experience heightened feelings of loneliness, anxiety, and vulnerability due to factors such as declining physical health, separation from family, and limited mobility within the correctional environment. Social isolation and reduced opportunities for meaningful interaction further intensify these challenges, affecting both their mental well-being and overall quality of life. These findings illustrate how aging within a restrictive setting amplifies the difficulties associated with incarceration, making elderly inmates a particularly vulnerable group. Despite these adversities, the study identified resilience as a central theme, with inmates employing various coping mechanisms to manage the challenges of imprisonment. These strategies included reliance on spirituality, forming supportive relationships with fellow inmates, and maintaining a positive outlook toward their circumstances. The study also emphasized the critical role of institutional support in addressing the unique needs of elderly inmates, particularly through health care services, psychosocial programs, and agesensitive interventions.

✓ *Gender-Specific and Family-Related Experiences*

Nieva (2022) examined the reproductive well-being of incarcerated Filipino women and found that imprisonment significantly limits their access to reproductive health care and undermines their autonomy over health-related decisions. The study highlighted the “gendered pains of imprisonment,” wherein women experience unique forms of discomfort, disempowerment, and marginalization within correctional settings. These include inadequate access to reproductive health services, lack of privacy, and the prioritization of institutional routines over individual health needs. As a result, women's identities as patients with specific health requirements are often overshadowed by their status as prisoners, leading to unmet needs and compromised well-being. Furthermore, the study emphasized the critical role of social networks in supporting the well-being of incarcerated women. Family members, fellow inmates, and informal support systems were identified as essential sources of emotional, informational, and sometimes material support, helping women cope with the challenges of imprisonment. These networks serve as important buffers against the negative effects of confinement, particularly in the absence of adequate institutional support.

Griffin et al. (2025) explored the experiences of incarcerated mothers and found that separation from their children is a significant source of emotional distress, leading to feelings of guilt, anxiety, and sadness. The study revealed that the inability to fulfill maternal roles and maintain regular contact with their children creates a profound sense of loss and disconnection, which negatively affects mothers' mental health and overall well-being. Many participants described persistent worry about their children's welfare, as well as the emotional strain of being physically and emotionally distant from their families. These experiences highlight how incarceration disrupts family bonds and contributes to psychological challenges among incarcerated women. Furthermore, the study identified gaps in gender-responsive rehabilitation programs, noting that existing interventions often fail to address the unique needs of incarcerated mothers. The lack of programs that support maternal roles, strengthen family connections, and provide emotional support limits the effectiveness of rehabilitation efforts. Griffin et al. (2025) emphasized the need for policies that promote family engagement, such as improved visitation systems and parenting support programs, to mitigate the negative effects of separation.

Ceballo and Absin (2022) focused on the experiences of children with incarcerated mothers and found that these children face significant emotional and social challenges as a result of parental separation. Participants reported feelings of sadness, anxiety, and confusion, as well as difficulties in social interactions and coping with stigma associated with having an incarcerated parent. The absence of maternal support was shown to affect their emotional stability and development, highlighting the far-reaching consequences of incarceration beyond the individual. These findings illustrate how the disruption of family relationships creates psychological strain not only for inmates but also for their children. Despite these adversities, the study also revealed that children demonstrated resilience through coping mechanisms such as faith, optimism, and support from other family members or caregivers. These protective factors helped them manage emotional distress and adapt to their circumstances. The study underscores the broader social impact of incarceration on families, emphasizing that the effects extend across interconnected relationships.

✓ *Reintegration, Social Support, and Post-Incarceration Experiences*

Aligo et al. (2023) examined the lived experiences of formerly incarcerated individuals in Misamis Occidental and found that the process of reintegration is significantly shaped by both social acceptance and stigma. Participants reported facing numerous challenges upon release, including limited employment opportunities, community disapproval, and persistent labeling due to their incarceration history. These barriers often led to feelings of exclusion, reduced self-worth, and difficulty rebuilding stable lives, all of which can negatively affect both mental and physical health. The study highlights how societal attitudes and structural limitations continue to influence individuals even after they have completed their sentences. Despite these challenges, the study also revealed that participants demonstrated resilience through coping mechanisms such as faith, strong family support, and a sense of self-determination. These protective factors played a crucial role in helping individuals navigate reintegration and maintain a positive outlook. The authors emphasized the need for structured reentry programs and supportive policies that facilitate employment, reduce stigma, and promote social inclusion.

Bonggot et al. (2024) explored the experiences of released inmates and found that rehabilitation programs play a crucial role in shaping post-release outcomes. Participants reported that engagement in religious activities, educational programs, and skills training provided them with a sense of purpose, personal growth, and improved self-discipline during incarceration. These positive experiences contributed to the development of coping skills and values that supported their transition back into the community. The study suggests that structured rehabilitation initiatives can foster behavioral change and enhance inmates' readiness for reintegration. However, the study also identified negative experiences, particularly emotional struggles such as longing for family and feelings of isolation during incarceration, which continued to affect individuals even after release. These emotional challenges highlight the importance of addressing psychosocial needs alongside rehabilitation efforts. Despite these difficulties, the overall findings indicate that effective rehabilitation programs can reduce the likelihood of recidivism and promote successful reintegration into society.

Bidola et al. (2024) investigated the reintegration experiences of exconvicts and found that individuals face significant challenges upon returning to society, particularly in the areas of stigma, economic hardship, and disrupted social relationships. Participants reported experiencing discrimination and social rejection due to their criminal records, which limited their access to employment and stable income. These barriers often resulted in financial instability and difficulty rebuilding their lives, while strained or broken relationships with family and community members further contributed to emotional distress. The study highlights how these interconnected challenges can hinder successful reintegration and negatively impact overall well-being. Despite these obstacles, the study also revealed that individuals employed various coping strategies to navigate post-release life. Spiritual growth, strengthened faith, and support from family members were identified as key factors that helped participants regain stability and rebuild their sense of purpose. These sources of resilience enabled them to overcome adversity and work toward positive life changes. The study emphasized the importance of community involvement and supportive policies in facilitating successful reintegration, suggesting that collaborative efforts are necessary to address both structural and social barriers.

Agtong et al. (2023) examined the repercussions of imprisonment on exconvicts and found that incarceration produces both negative and transformative effects on individuals' lives. Participants reported experiencing emotional distress, including anxiety, sadness, and feelings of isolation, as well as social disconnection resulting from strained or broken relationships with family and community members. These challenges often persisted beyond incarceration, affecting individuals' ability to reintegrate and rebuild their lives. The findings highlight how imprisonment can disrupt social ties and contribute to psychological difficulties that extend

into the post-release period. Despite these adverse experiences, the study also revealed that incarceration can foster personal growth and resilience among individuals. Many participants developed a renewed sense of purpose, strengthened their faith, and gained insights that motivated them to pursue positive changes in their lives. Support from family, community, and religious institutions played a crucial role in helping them cope with reintegration challenges and regain stability. The study emphasized that these support systems are essential in promoting recovery, adjustment, and successful reintegration.

Ballaret (2025) explored the experiences of Filipino families receiving returning prisoners and found that the process of reintegration is deeply influenced by factors such as stigma, forgiveness, and cultural values. Families often grapple with mixed emotions, including apprehension, hope, and the need to rebuild trust, particularly when social stigma affects both the returning individual and the household. Cultural values such as *pakikisama*, *utang na loob*, and strong family cohesion were identified as important elements that shape how families respond to reintegration. These values can facilitate acceptance and reconciliation, but may also create internal pressures as families navigate social judgment and expectations from the community. Moreover, the study emphasized that families play a central role in supporting former inmates, providing emotional encouragement, financial assistance, and a sense of belonging that is critical for successful reintegration. The resilience demonstrated by families, including their ability to adapt and maintain supportive relationships, contributes significantly to the stability and recovery of returning individuals. Ballaret (2025) highlighted the importance of culturally grounded and familycentered interventions that strengthen these support systems and address stigma at the community level.

• *Synthesis of the Related Studies*

The foreign and local studies converge in showing that incarceration is strongly associated with a heavy and multidimensional health burden among inmates. Foreign literature demonstrates that incarcerated populations experience disproportionately high rates of mental disorders, infectious diseases, chronic illnesses, and age-related impairments, with these problems often rooted in both pre-existing vulnerabilities and the harmful effects of confinement itself, as shown by Favril et al. (2024), Prost et al. (2021), and Augsburg et al. (2022). In the Philippine context, this pattern is echoed by Milallos and Cutamora (2024) and Camuyong (2024), who found that inmates, especially older persons deprived of liberty, experience compromised physical, mental, and social wellbeing, including chronic illness, emotional distress, and diminished quality of life. Taken together, these studies establish that inmate health concerns are not isolated or incidental but are persistent, layered, and shaped by the correctional environment.

A second major pattern in both foreign and local studies is the consistent presence of barriers to health care access within correctional settings. Foreign studies by Lupez et al. (2024), Scanlon and Morgan (2025), Carda-Auten et al. (2022), and Canada et al. (2022) reveal that inmates frequently encounter systemic obstacles such as insufficient staffing, fragmented services, financial barriers, delayed treatment, complicated procedures, and weak continuity of care. Parallel findings appear in local studies by Yarcia and Bernadas (2023), Elino and Aldaba (2025), and Aguilar and Magtaan (2025), which highlight overcrowding, lack of medical resources, weak health information systems, poor preventive capacity, and inadequate institutional support as continuing impediments to effective care delivery in Philippine jails. The literature therefore suggests that difficulty in obtaining health care is not merely an individual problem of help-seeking but a structural problem rooted in institutional limitations and unequal service provision.

The reviewed studies also emphasize that institutional conditions significantly shape inmates' health outcomes and health perceptions. In the foreign literature, Hyatt, Andersen, and van Tiem (2024) and Cloud et al. (2023) demonstrate that prison climate, staff relationships, social isolation, overcrowding, and poor sanitation all influence how inmates assess their health and their access to care, while Grosholz and Semenza (2021) further show that health conditions intersect with vulnerability and victimization inside correctional facilities. Similarly, local studies by Saguran et al. (2023), Sunico (2024), and Baldonado (2022) indicate that poor food, inadequate ventilation, lack of exercise space, weak mental health programming, overcrowded facilities, and inconsistent access to meaningful activities reduce inmates' quality of life and limit their ability to maintain health. Across both sets of studies, the correctional environment emerges not as a passive setting but as an active determinant of inmate well-being.

Another strong synthesis point is that inmates' health-seeking behavior is mediated by perception, trust, and coping. Berk et al. (2021), Suh et al. (2026), and Cassarino et al. (2023) show that foreign studies increasingly recognize the need to include inmates' own voices in defining health priorities, particularly because mistrust, confusing procedures, restrictive policies, and staff attitudes can discourage treatment-seeking and weaken program participation. Comparable local evidence appears in the work of Gales et al. (2023), ClementeFaustino and De Guzman (2024), De Guzman et al. (2021), and Tesoro (2025), where inmates are shown to cope through avoidance, spirituality, peer connection, self-reflection, and other adaptive or protective strategies in response to emotional strain, fear, and institutional stress. These findings suggest that inmates are not passive recipients of health services; rather, they actively interpret their environment, make judgments about whether to seek care, and rely on coping strategies shaped by both personal resilience and institutional constraints.

The review of studies further reveals that certain inmate groups face distinct and specialized health vulnerabilities, particularly older inmates and women. Foreign studies such as Prost et al. (2021), Suh et al. (2026), Aziz et al. (2021), Fortino et al. (2024), and Flanagan Balawajder et al. (2025) show that older adults, those with serious illnesses, and individuals with substance use disorders often confront more severe barriers because of mobility issues, procedural confusion, limited specialized services, delayed referrals,

and inconsistent treatment implementation. Local studies reinforce this differentiated vulnerability: Nieva (2022) highlights the reproductive health limitations and gendered pains of imprisonment among Filipino women, while Griffin et al. (2025) and Ceballo and Absin (2022) underscore the emotional impact of maternal separation and the ripple effects of incarceration on children and family systems. This body of evidence indicates that inmate health experiences are not uniform and that responsive correctional health systems must be sensitive to age, gender, family role, and condition-specific needs.

Finally, both foreign and local studies extend the meaning of inmate health beyond the prison walls by showing its social, familial, and post-incarceration consequences. Foreign works by Feingold (2021), Sundaresh et al. (2021), Patterson, Talbert, and Brown (2021), and Mohammad et al. (2023) demonstrate that stigma, family disruption, weak support networks, and poor continuity of care continue to shape well-being after release, making incarceration a broader social determinant of health. Local studies by Aligo et al. (2023), Bonggot et al. (2024), Bidola et al. (2024), Agtong et al. (2023), and Ballaret (2025) similarly show that reintegration is shaped by stigma, economic hardship, emotional strain, faith, family support, and cultural values, all of which affect recovery and adjustment.

➤ *Theoretical Framework*

This study will be anchored on the Deprivation Theory as its major theoretical lens, supported by the General Strain Theory and the Health Belief Model as complementary perspectives. These theories collectively provide a comprehensive understanding of how incarceration conditions influence inmates' health experiences, access to health care, and coping mechanisms.

The primary theoretical framework of this study is Deprivation Theory, originally proposed by Gresham Sykes, which serves as a foundational lens in examining the lived experiences of inmates within correctional institutions. This theory posits that incarceration is not merely a loss of physical freedom but is accompanied by a series of “pains of imprisonment” that profoundly shape the behavior, perceptions, and overall well-being of individuals. These deprivations include the loss of liberty, autonomy, access to goods and services, personal security, and meaningful social relationships. These conditions create an environment that is inherently restrictive and often detrimental to the holistic health of incarcerated individuals.

Within the context of this study, Deprivation Theory provides a critical framework for understanding how the structural and institutional conditions of incarceration may contribute to the development, exacerbation, or persistence of inmates' health problems. The deprivation of autonomy, for instance, limits inmates' ability to make independent decisions regarding their health, including when and how to seek medical care. Instead, they are required to rely on institutional procedures, schedules, and personnel, which may delay or restrict access to necessary health services.

Furthermore, the deprivation of goods and services is particularly relevant in relation to health care access. In many correctional settings, resources such as medical supplies, medications, and health personnel may be limited, resulting in inadequate or delayed treatment. Overcrowding, a common issue in provincial jails, can further compound these challenges by increasing the risk of communicable diseases, heightening stress levels, and straining already limited health care resources. These conditions may not only aggravate existing health issues but also contribute to the emergence of new physical and mental health concerns.

The deprivation of security and social relationships also plays a significant role in shaping inmates' health experiences. Feelings of vulnerability, fear, or lack of safety within the correctional environment may lead to psychological distress, which can manifest in both mental and physical health problems. Similarly, separation from family and support networks may reduce emotional support, thereby affecting inmates' coping mechanisms and their ability to manage health-related concerns.

Moreover, institutional routines and regulations may act as structural barriers that limit inmates' access to timely and appropriate health care. Strict schedules, bureaucratic procedures, and dependency on correctional staff for movement and requests can hinder prompt medical attention. These constraints highlight how the correctional environment itself becomes a determinant of health, influencing not only the availability of services but also inmates' ability and willingness to seek care.

In this study, Deprivation Theory thus provides a comprehensive lens through which the researcher can examine the interplay between institutional conditions and individual health experiences. It underscores the idea that inmates' health concerns are not solely personal or biological in nature but are deeply embedded within the structural realities of incarceration. The study is able to illuminate how the “pains of imprisonment” shape inmates' access to health care, their health-seeking behaviors, and their overall well-being, thereby offering a deeper and more contextualized understanding of the phenomenon under investigation.

Supporting the primary framework of this study is the General Strain Theory (GST) developed by Robert Agnew, which provides a valuable psychological and behavioral perspective in understanding inmates' responses to adverse conditions. This theory posits that individuals experience strain or stress when they are confronted with situations such as the inability to achieve valued goals, the removal of positive stimuli, or the presence of negative stimuli. These forms of strain generate negative emotions—such as frustration, anger, anxiety, or depression—which, in turn, may influence individuals' coping strategies and behavioral responses.

In the context of this study, incarceration itself constitutes a significant source of strain. The restrictive and often resource-limited environment of correctional facilities exposes inmates to multiple stressors, including the loss of freedom, separation from family and social support systems, and limited access to basic services, including health care. More specifically, the experience of illness while incarcerated, coupled with barriers to accessing timely and adequate medical attention, intensifies these strains. Inmates may feel helpless when their health concerns are not immediately addressed, or when institutional processes delay or restrict their ability to seek treatment.

General Strain Theory helps explain how these cumulative stressors shape inmates' emotional states and subsequent behaviors. The presence of ongoing health issues, combined with the challenges of navigating the correctional health system, may lead to heightened emotional distress. As a result, inmates develop various coping mechanisms to manage their conditions and the associated strain. These responses may be adaptive, such as seeking support from fellow inmates, communicating with family members, or complying with available medical procedures. Conversely, they may also be maladaptive, including self-medication, withdrawal, denial of symptoms, or enduring untreated conditions due to fear, mistrust, or perceived futility in seeking care.

Furthermore, the theory underscores the role of the institutional environment in shaping these coping behaviors. The availability (or lack) of support systems, the responsiveness of health services, and the overall conditions within the facility can either mitigate or exacerbate the strain experienced by inmates. In settings where resources are scarce and access is limited, the likelihood of maladaptive coping responses may increase, potentially worsening health outcomes.

Another supporting perspective of this study is the Health Belief Model (HBM), developed by Irwin M. Rosenstock, which provides a behavioral framework for understanding how individuals make decisions regarding their health. The model posits that health-related behaviors are influenced by personal beliefs and perceptions, particularly in relation to perceived susceptibility to illness, perceived severity of a condition, perceived benefits of taking action, and perceived barriers to seeking care. These components interact to shape whether an individual engages in preventive or treatment-seeking behaviors.

In the context of this study, the Health Belief Model offers valuable insight into how inmates perceive their health conditions and how these perceptions influence their decisions to seek or delay medical care within the correctional environment. Inmates who perceive themselves as highly susceptible to illness, or who recognize the seriousness of their condition, may be more inclined to pursue medical attention. Their perception of the potential benefits of treatment—such as relief from pain, prevention of complications, or improved well-being—can further motivate proactive health-seeking behavior.

However, these motivations are often weighed against perceived barriers, which are particularly pronounced in correctional settings. Inmates may hesitate to seek care due to anticipated challenges such as long waiting times, limited availability of medical personnel, fear of neglect or inadequate treatment, or a lack of trust in the facility's health care system. These perceived obstacles can discourage inmates from reporting symptoms or following through with treatment, even when they are aware of their health needs.

Additionally, the model highlights how past experiences, institutional culture, and peer influences may shape inmates' beliefs and attitudes toward health care. For example, prior negative encounters with medical services or observations of others' experiences within the facility may reinforce reluctance to seek care. On the other hand, increased awareness of health risks or encouragement from peers and staff may serve as cues to action that prompt inmates to utilize available services.

The study is able to examine the decision-making processes underlying inmates' health-seeking behaviors. This perspective complements the structural focus of Deprivation Theory and the emotional-behavioral lens of General Strain Theory by emphasizing the cognitive and perceptual factors that influence individual actions. Consequently, it enriches the overall framework of the study by providing a more holistic understanding of how inmates navigate their health concerns within the constraints of incarceration.

➤ *Conceptual Framework*

This study will be anchored on the Input–Process–Output (IPO) Model, which provides a systematic and logical structure for examining how the lived experiences of inmates regarding health care during incarceration may be transformed into meaningful findings and actionable recommendations. The model will serve as a guide in organizing the flow of the research, beginning with the identification of relevant inputs, proceeding through a rigorous qualitative process, and culminating in outputs that contribute to the improvement of correctional health care systems.

The input component of the study will consist of two primary elements: the legal bases governing inmates' right to health care and the lived experiences of the informants. The legal bases will provide the normative and regulatory framework within which the study is situated. Republic Act No. 10575, otherwise known as the Bureau of Corrections Act of 2013, emphasizes the humane treatment, rehabilitation, and welfare of persons deprived of liberty, thereby underscoring the responsibility of correctional institutions to ensure adequate health services. Republic Act No. 8344, or the Anti-Hospital Deposit Law, reinforces the principle that no individual shall be denied emergency medical treatment due to inability to pay, a provision that extends to vulnerable populations, including inmates. Republic Act No. 11223, known as the Universal Health Care Act, further guarantees equitable

access to quality and affordable health services for all Filipinos, explicitly including marginalized and institutionalized groups. Complementing these national laws is the United Nations Standard Minimum Rules for the Treatment of Prisoners, also referred to as the Nelson Mandela Rules, which establish international standards mandating that prisoners should enjoy health care services equivalent to those available in the community without discrimination. Collectively, these legal frameworks will ground the study in both national and international mandates that affirm the right of inmates to accessible and quality health care.

Alongside these legal bases, the study will draw from the lived experiences of the informants, who are inmates currently confined in the provincial jail. These lived experiences will serve as the primary source of data and will encompass the nature and progression of their health problems during incarceration, the challenges they encounter in seeking medical attention, their interpretations of barriers to accessing health care services, the coping mechanisms they employ in managing ongoing health issues, and the informal support systems upon which they rely. By focusing on these firsthand accounts, the study will capture the subjective realities and meanings that inmates attach to their health experiences within the correctional setting.

The process component of the study will involve a series of systematic qualitative procedures designed to ensure depth, rigor, and credibility in the analysis of data. Data collection will be carried out through semi-structured interviews, allowing participants to freely express their experiences while ensuring that key areas of inquiry are addressed. The researcher, serving as the primary instrument, will facilitate the interviews using a prepared guide and will employ probing techniques to elicit comprehensive and nuanced responses. Following the collection of data, all interviews will be transcribed verbatim to preserve the authenticity of participants' narratives. The researcher will then engage in repeated reading of the transcripts to achieve immersion in the data and to identify initial patterns and insights.

For data analysis, the study will utilize Colaizzi's method of phenomenological analysis, which is particularly suited for exploring lived experiences. This method will involve extracting significant statements from the transcripts, formulating meanings from these statements, organizing the meanings into clusters of themes, and developing an exhaustive description of the phenomenon under investigation. The researcher will then distill the fundamental structure of the experience from these descriptions. To enhance the credibility and validity of the findings, the researcher will conduct member checking by returning to the participants and seeking confirmation of the interpretations derived from their accounts. Throughout the research process, ethical procedures will be strictly observed. Participants will be provided with informed consent forms detailing the purpose, procedures, risks, and benefits of the study. Confidentiality and anonymity will be maintained through the use of pseudonyms and secure data handling practices. Participation will be entirely voluntary, and inmates will be informed of their right to withdraw from the study at any point without any adverse consequences. Necessary permissions will also be secured from jail authorities and relevant ethics review bodies prior to data collection.

The output component of the study will consist of thematic findings and evidence-based recommendations. The thematic findings will reflect a comprehensive understanding of inmates' lived experiences related to health and health care access during incarceration. These findings will identify recurring patterns, shared meanings, and significant insights that characterize the phenomenon under study. Building upon these findings, the study will propose a program or intervention framework aimed at improving the accessibility, responsiveness, and quality of health care services within correctional facilities. In addition, policy recommendations will be developed to address identified gaps and to align institutional practices with existing legal mandates and international standards. These outputs will not only contribute to the academic body of knowledge but will also provide practical guidance for policymakers, jail administrators, and health care providers in enhancing the delivery of health services to incarcerated populations.

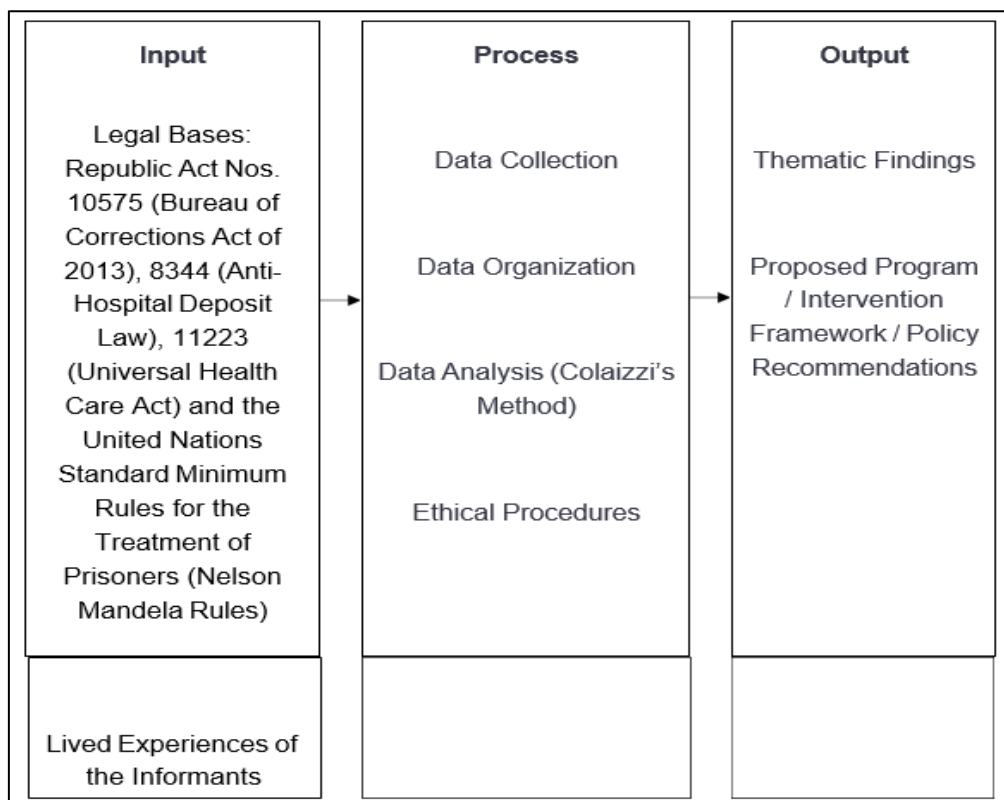


Fig 1 Conceptual Framework.

➤ Significance of the Study

This study will be significant as it seeks to provide a deeper understanding of the health-related experiences of inmates within correctional facilities, particularly in relation to access to and quality of health care services during incarceration. The study will generate insights that may contribute to addressing existing gaps between health care policies and actual practices within jail settings.

Inmates. The findings of this study will be beneficial as they may help bring attention to their health needs, challenges, and coping experiences, thereby giving voice to a population that is often marginalized and underrepresented in research. The study may also contribute to the improvement of services that directly affect their well-being, safety, and dignity.

Jail administrators and correctional institutions. The results of the study will provide valuable information on the current conditions of health care delivery within the facility. The insights derived may assist in identifying systemic issues, improving service protocols, and developing responsive strategies to ensure timely and adequate medical care for inmates.

Health care providers working in correctional settings. This study will offer a better understanding of the challenges faced by inmates in accessing medical services, as well as the contextual factors influencing health outcomes. Such understanding may guide the development of more patient-centered and equitable health care practices.

Policy makers and government agencies. The study will serve as an evidence-based reference in evaluating and strengthening existing laws, policies, and programs related to correctional health care. The findings may support the formulation of policies that align more closely with both national mandates and international standards on the humane treatment of persons deprived of liberty.

Academic community and researchers. This study will contribute to the limited body of knowledge on correctional health care, particularly within the local context. It may serve as a foundation for further research, including comparative studies, policy analysis, or the development of intervention programs aimed at improving health outcomes among incarcerated populations.

Society in general. The study underscores the importance of upholding human rights and ensuring equitable access to health care for all individuals, including those who are incarcerated. The study may contribute to broader efforts toward social justice, public health improvement, and institutional reform.

➤ Definition of Terms

The following key terms used in this study are defined:

Access to Health Care Services. This refers to the ability of inmates to obtain timely, adequate, and appropriate medical attention, treatment, and related health services within the Provincial Jail of Northern Samar.

Challenges in Accessing Health Care. These refer to the institutional, procedural, and personal barriers encountered by inmates when seeking or receiving medical attention during incarceration.

Coping Mechanisms. These refer to the strategies and behaviors employed by inmates to manage or endure ongoing health problems while incarcerated.

Health Care Services. These refer to the medical, dental, and other health-related services made available to inmates within the jail facility.

Health Problems. These refer to the physical or mental conditions experienced by inmates, including those that develop or worsen during incarceration.

Incarceration. This refers to the condition of being confined in the Provincial Jail of Northern Samar for a period of detention.

Informal Support Systems. These refer to non-institutional sources of assistance such as fellow inmates, family members, and jail personnel who provide support for health-related concerns.

Inmates. These refer to persons deprived of liberty who are currently detained in the Provincial Jail of Northern Samar and are participants in this study.

Interpretation of Health Care Experiences. This refers to how inmates perceive, understand, and assign meaning to the challenges and conditions affecting their access to health care services during incarceration.

Lived Experiences. These refer to the personal, firsthand accounts of inmates regarding their health problems and access to health care services while incarcerated.

Nature and Progression of Health Problems. This refers to the characteristics, development, and changes in inmates' health conditions over time during incarceration.

Provincial Jail of Northern Samar. This refers to the correctional facility where the study is conducted and where the participants are currently detained.

Semi-Structured Interview. This refers to a qualitative data collection method using a set of guided but flexible questions that allow inmates to describe their experiences in detail.

Support Systems. These refer to the network of individuals or groups that provide assistance to inmates in addressing their health-related needs during incarceration.

➤ *Statement of the Problem*

This study seeks to explore and understand the lived experiences of inmates in relation to their health conditions while incarcerated. Specifically, the researcher intends to answer the following research questions:

- How do inmates describe the nature and progression of their health problems during incarceration?
- What challenges do inmates encounter when seeking medical attention or treatment during incarceration?
- How do informants experience and interpret the challenges that affect their access to health care services in jail?
- How do inmates cope with ongoing health issues while incarcerated?
- What informal support systems (e.g., fellow inmates, family, staff) do they rely on for health-related concerns?
- What program, intervention, or policy recommendations may be developed based on the findings of the study to improve inmates' access to and quality of health care services during incarceration?

➤ *Assumptions*

- Inmates experience health problems that may develop or worsen during incarceration and can describe their progression based on lived experiences.
- Inmates encounter barriers (e.g., procedural, resource-related, or systemic) when seeking medical attention during incarceration.
- Inmates interpret and assign meaning to their experiences of accessing health care services within the jail context.
- Inmates use various coping strategies to manage ongoing health issues while incarcerated.

- Inmates rely on informal support systems (e.g., fellow inmates, family, staff) for health-related concerns.
- Findings from inmates' experiences can inform the development of programs, interventions, and policy recommendations to improve access to and quality of health care services in correctional facilities.

CHAPTER TWO METHODOLOGY

This chapter presents the research methods and procedures utilized in the conduct of the study. It discusses the research design, participants of the study, research setting, data gathering procedures, research instruments, ethical considerations, and methods of data analysis. These procedures were undertaken to ensure the credibility, reliability, and trustworthiness of the findings regarding the experiences and perceptions of persons deprived of liberty (PDLs) toward health care services in the jail setting.

➤ *Research Design*

This study employed a descriptive phenomenological research design to gain a deep and comprehensive understanding of the lived experiences of inmates in relation to their health conditions and access to health care services during incarceration. Descriptive phenomenology, rooted in the philosophical works of Edmund Husserl, focused on exploring how individuals perceived and made meaning of their experiences, emphasizing the importance of describing phenomena as they were consciously lived, rather than explaining or interpreting them through external theories.

This design was particularly appropriate for the present study because it sought to uncover the subjective realities of inmates—an often marginalized population whose voices were seldom heard in health-related research. The researcher aimed to document and articulate the participants' firsthand accounts of their physical and mental health challenges, the processes they underwent in seeking medical attention, and the barriers or facilitators that influenced their access to care within the correctional setting.

Central to this design was the process of bracketing (*epoché*), wherein the researcher consciously set aside personal biases, assumptions, and prior knowledge about incarceration and health care systems. This ensured that the findings remained grounded in the participants' own narratives rather than being influenced by the researcher's preconceptions. Through careful and systematic data collection—primarily via in-depth, semi-structured interviews—the study captured rich, detailed descriptions of experiences as expressed by the inmates themselves.

Furthermore, descriptive phenomenology allowed for the identification of essential themes that represented the core of the participants' shared experiences. These themes emerged through rigorous data analysis, such as Paul Colaizzi's method, which involved extracting significant statements, formulating meanings, clustering themes, and developing an exhaustive description of the phenomenon. The ultimate goal was to distill the essence of inmates' experiences in a way that reflected both individual perspectives and collective patterns.

➤ *Research Method*

The study utilized a pure qualitative research method, as it sought to understand the subjective experiences, meanings, and interpretations of inmates in relation to their health concerns while incarcerated. Qualitative research was particularly suited for this inquiry because it prioritized depth over breadth, allowing the researcher to explore complex human experiences that could not be adequately measured or quantified through numerical data.

Through this method, the researcher focused on capturing the personal narratives of inmates, giving emphasis to how they perceived their health conditions, interpreted their access to medical services, and made sense of the challenges they encountered within the correctional environment. These lived experiences were often shaped by social, institutional, and personal factors, which qualitative inquiry effectively illuminated.

Moreover, the use of a qualitative approach enabled the researcher to gather rich, detailed, and context-bound data through direct interaction with participants, primarily via semi-structured interviews. This flexibility allowed participants to express their thoughts and experiences in their own words, leading to more authentic and nuanced insights. It also provided the opportunity to probe deeper into emerging topics, clarify meanings, and uncover underlying issues that might not surface in structured or quantitative methods.

In addition, qualitative research facilitated the identification of patterns, themes, and shared meanings across participants' accounts. These patterns helped reveal common challenges, coping mechanisms, and support systems related to inmates' health experiences. Such findings were essential in understanding the broader phenomenon and in generating insights that could inform improvements in correctional health care practices.

➤ *Population of the Study*

The participants of the study consisted of four (4) inmates currently detained at the Provincial Jail in Northern Samar. A purposive sampling technique was employed to select individuals who could provide rich and relevant information regarding the phenomenon under investigation. This sampling method was appropriate for qualitative research, particularly in phenomenological studies, as it allowed the researcher to intentionally choose participants who had direct experience with health-related concerns during incarceration and were capable of articulating their lived experiences.

The selection of participants was guided by specific inclusion criteria to ensure that the data collected were both meaningful and aligned with the objectives of the study. To be eligible for participation, inmates had to: (1) be currently detained at the Provincial Jail in Northern Samar; (2) have experienced one or more health-related concerns (physical, mental, or emotional) during their period of incarceration; (3) have sought, attempted to seek, or considered seeking medical or health care services within the jail facility; (4) be able to communicate their experiences clearly in a language understood by the researcher; and (5) be willing to voluntarily participate in the study by providing informed consent.

Inmates who were unable to provide coherent responses due to severe medical or psychological conditions, or those who were under restrictions that prevented participation, were excluded to ensure ethical and methodological integrity.

The number of participants was not predetermined; rather, it was guided by the principle of data saturation. Data collection continued until no new themes, insights, or significant information emerged from the participants' narratives. This ensured that the findings were comprehensive and adequately captured the essence of the inmates' lived experiences regarding their health conditions and access to health care services during incarceration.

➤ *Locale of the Study*

The study was conducted at the Provincial Jail in Northern Samar. This locale was deliberately selected due to its accessibility to the researcher and its direct relevance to the study's focus on the health experiences of incarcerated individuals. Accessibility to the site facilitated consistent data collection, coordination with jail authorities, and the establishment of rapport with participants—factors that were essential in qualitative research.

The provincial jail setting offered a realistic and context-rich environment where the lived experiences of inmates could be meaningfully explored. Within this setting, the researcher was able to examine how health-related concerns were experienced and managed under conditions of confinement, including the availability of medical services, institutional policies, and resource limitations. It also allowed for an in-depth understanding of how inmates navigated barriers to health care and developed coping mechanisms in response to their circumstances.

Moreover, the selected locale reflected the characteristics of a typical correctional facility in a provincial context, where challenges such as limited health infrastructure, overcrowding, and constrained resources might influence the delivery of health services. The researcher was able to generate findings that were grounded in real-world conditions and were potentially transferable to other similar provincial jails or correctional institutions.



Fig 2 Spot Map of Northern Samar.

➤ *Scope and Limitation of the Study*

This study focused on exploring the health-related experiences of PDLs within a selected correctional facility. Specifically, it examined inmates' health conditions, access to health care services, challenges encountered in seeking care, and the coping mechanisms they employed to manage their physical and psychological well-being. The study adopted a qualitative research approach, utilizing in-depth, semi-structured interviews to capture rich, detailed accounts of participants' lived experiences. Through this approach, the study aimed to provide a comprehensive understanding of how institutional conditions and individual factors influenced health outcomes among inmates.

The participants of the study were limited to selected PDLs who met the inclusion criteria established by the researcher, such as willingness to participate, ability to communicate their experiences, and current incarceration within the identified facility. The study did not include correctional officers, health care providers, or administrative personnel, as it was specifically centered on the perspectives of inmates. Furthermore, the research was conducted within a single correctional facility, which allowed for an in-depth contextual analysis but might have limited the generalizability of the findings to other institutions with different conditions or policies.

In terms of content, the study was delimited to health-related aspects of incarceration, including physical health, mental health, access to medical services, institutional health conditions, and coping strategies. It did not cover other dimensions such as legal processes, criminal behavior, or detailed rehabilitation outcomes unless these directly related to health experiences. Additionally, while the study acknowledged the role of institutional systems and policies, it did not aim to evaluate or compare specific correctional health programs or provide a comprehensive assessment of health care system performance.

The study was also limited by the nature of qualitative research, which emphasized depth over breadth. The findings were based on participants' subjective experiences and interpretations, which might vary across individuals and contexts. Time constraints, access limitations within the correctional facility, and potential restrictions on data collection might also have affected the scope of the research. Despite these limitations, the study sought to generate meaningful insights that could inform future research, policy development, and interventions aimed at improving health care access and well-being among incarcerated populations.

➤ *Data Gathering Tool*

The primary data gathering instrument in this study was the researcher himself, consistent with qualitative research traditions where the researcher served as the main tool for data collection and interpretation. In this role, the researcher was directly involved in engaging with participants, facilitating interviews, observing verbal and non-verbal cues, and ensuring that the data collected were rich, accurate, and reflective of the participants' lived experiences.

This direct involvement allowed for a deeper understanding of the context and meanings embedded in participants' responses, which was essential in qualitative inquiry.

To ensure the rigor and validity of the instrument, the researcher underwent a validation process prior to actual data collection. This included the development of a semi-structured interview guide composed of carefully crafted open-ended questions aligned with the study's objectives, particularly focusing on inmates' health conditions, access to health care services, challenges encountered, and coping mechanisms. The interview guide was subjected to expert validation by professionals in the fields of criminology, psychology, or qualitative research to assess its clarity, relevance, and appropriateness. Necessary revisions were made based on their feedback to enhance the content validity of the instrument.

During the data collection process, the researcher employed probing questions to elicit deeper insights, clarify ambiguous responses, and encourage participants to elaborate on significant aspects of their experiences. This approach supported the credibility of the data by uncovering underlying meanings and ensuring a more comprehensive understanding of the phenomenon being studied. Additionally, the researcher practiced active listening, maintained neutrality, and established rapport with participants to create a safe and comfortable environment for sharing sensitive experiences.

➤ *Data Gathering Procedure*

Prior to data collection, the researcher secured the necessary permissions from relevant authorities, including jail administrators and other concerned officials, to ensure that the study was conducted in accordance with institutional policies and ethical standards. Participants were properly informed about the purpose, procedures, and significance of the study. Their voluntary participation was ensured through the signing of an informed consent form, which emphasized their right to refuse participation or withdraw from the study at any time without any form of penalty.

Data were gathered through semi-structured, face-to-face interviews with the selected inmates. Each interview was conducted in a private and secure setting within the facility to promote confidentiality, safety, and comfort, thereby encouraging participants to speak openly about their experiences. With the participants' permission, the interviews were audio-recorded to ensure the

accuracy and completeness of the data. In addition, the researcher took field notes to document non-verbal cues, emotional expressions, and contextual details that enriched the interpretation of the data.

Throughout the data collection process, the researcher maintained professionalism, sensitivity, and respect for the participants, recognizing the vulnerability of the population involved. The researcher also ensured that the interviews were conducted at a time that did not interfere with the facility's routine and the participants' well-being.

Data collection continued until data saturation was achieved—that is, when no new themes, insights, or relevant information emerged from subsequent interviews. This approach ensured that the data gathered were sufficiently comprehensive to capture the depth and essence of the participants' lived experiences.

➤ *Treatment of the Data*

The collected data were analyzed using Colaizzi's method of phenomenological analysis, a rigorous and systematic approach commonly used in descriptive phenomenological studies. This method was particularly appropriate for the present research as it allowed the researcher to extract, organize, and interpret the meanings embedded in participants' lived experiences while remaining faithful to their original accounts.

• *The Analysis Proceeded Through the Following Steps:*

- ✓ Read and re-read all participants' descriptions (transcripts) to gain a deep, overall understanding of their lived experiences.
- ✓ Extracted statements and phrases from the transcripts that directly relate to the phenomenon being studied.
- ✓ Interpreted the significant statements to derive meanings while remaining faithful to the participants' perspectives (with bracketing to minimize bias).
- ✓ Organized the formulated meanings into clusters of themes that reflect common patterns across participants.
- ✓ Integrated all themes into a rich, comprehensive description of the phenomenon.
- ✓ Condensed the exhaustive description into a concise statement that captures the essence of the experience.
- ✓ Returned the findings to the participants to verify accuracy and ensure that the interpretations reflect their true experiences.

➤ *Ethical Considerations*

This study strictly adhered to established ethical standards in the conduct of research, particularly in engaging a vulnerable population such as incarcerated individuals. The researcher ensured that the rights, dignity, and welfare of all participants were upheld throughout the research process.

Prior to participation, all respondents were adequately informed about the purpose, procedures, risks, and potential benefits of the study. The researcher provided a clear and comprehensible explanation of the study, and participants were given the opportunity to ask questions before deciding to participate. Written informed consent was secured from each participant, signifying their voluntary agreement to take part in the study.

Participation in this study was entirely voluntary. The respondents were not subjected to any form of coercion, undue influence, or pressure. They had the right to refuse participation or withdraw from the study at any point without any penalty or adverse consequences.

The researcher ensured that all information provided by the participants was treated with strict confidentiality. Pseudonyms or coded identifiers were used in place of real names in all transcripts, records, and reports to protect participants' identities. All collected data, including audio recordings and transcripts, were securely stored and were only accessible to the researcher.

The study was conducted in a manner that ensured no harm—whether physical, psychological, or emotional—was inflicted upon the participants. The researcher exercised sensitivity when asking questions, particularly those that might evoke distress. Participants were not compelled to answer any question that caused discomfort, and the interview might be paused or terminated if necessary.

Interviews were conducted in a private and secure setting within the facility to ensure the comfort and safety of the participants. This allowed respondents to freely express their experiences without fear of judgment or breach of confidentiality.

Prior to data collection, the researcher secured the necessary permissions from the jail administration and obtained ethical clearance from the appropriate institutional review board or ethics committee. This ensured that the study complied with all applicable ethical guidelines and institutional requirements.

Through the observance of these ethical principles, the researcher aimed to maintain the integrity of the study while safeguarding the well-being and rights of all participants.

➤ *Dissemination of the Research Outcome*

Upon completion of the study, the findings were disseminated through appropriate academic and professional channels to ensure that the knowledge generated reached relevant stakeholders and contributed to both scholarly discourse and practical application. The researcher presented the results in public forums such as academic conferences, research symposia, and institutional meetings, where educators, practitioners, policymakers, and other stakeholders engaged in critical discussion and knowledge exchange. These presentations provided an opportunity to highlight key findings, share insights on inmates' lived experiences regarding health care, and gather feedback that further enriched the interpretation and application of the results.

In addition, the researcher prepared a manuscript for submission to a national or international peer-reviewed journal. The publication process followed established academic standards, including rigorous peer evaluation, to ensure the credibility, validity, and scholarly contribution of the study. Through publication, the findings became part of the broader body of knowledge on correctional health care, particularly in the context of provincial jail settings.

The dissemination of the study's results was expected to inform evidencebased policy formulation, enhance health service delivery within correctional institutions, and promote greater awareness of the health needs and challenges faced by incarcerated individuals. Furthermore, the findings might serve as a reference for future researchers and might contribute to the development of interventions, programs, or reforms aimed at improving access to and quality of health care services in correctional facilities.

CHAPTER THREE

RESULTS AND DISCUSSIONS

This chapter presents the results of the study and the corresponding discussion of the findings. It highlights the participants' lived experiences, perceptions, and challenges regarding health care services within the jail setting. The chapter further discusses the emerging themes and sub-themes derived from the data analysis and interprets their implications in relation to health care accessibility, institutional practices, and the well-being of persons deprived of liberty.

➤ *Nature and Progression of Health Problems During Incarceration*

Table 1 Nature and Progression of Health Problems During Incarceration

Interview Question	Actual Responses	Code/Category/Theme
Can you describe any health problems you have experienced while in jail?	Inmate 2: "Stomach ache."	Minor illness
	Inmate 3: "Ang nakikita ko lang na kadalasang sakit, skin disease."	Skin disease
	Inmate 4: "Simple trangkaso."	Flu/common illness
	Inmate 2: "Siguro dahil sa dala ng panahon lalo na kung malamig."	Weather-related illness
	Inmate 2: "Wala naman dahil nawawala agad dahil naasikaso."	Immediate treatment
	Inmate 4: "Hinde nag worsen, naka adapt sa environment."	Adaptation to jail environment
	Inmate 4: "Side effect sa emotion if worsen."	Emotional impact of illness
	Inmate 5: wala naman	(Negligible response)
	Inmate 6: mayroong infirmary	(Negligible response)
	Inmate 7: mainit	(Negligible response)
	Inmate 8: nakaka recover naman agad	(Negligible response)
	Inmate 10: maayos naman	(Negligible response)

➤ *Theme 1: Living Through Illness Behind Bars*

This theme reflects the lived experiences of inmates regarding the nature, causes, progression, and effects of health problems during incarceration. The participants' narratives reveal that health concerns inside the jail are not merely physical conditions but are deeply shaped by the realities of confinement, environmental exposure, institutional processes, and emotional responses.

Although many of the illnesses described were considered minor or manageable, the inmates' accounts demonstrate that even common ailments become significant experiences within a correctional environment where personal freedom, mobility, and independent access to medical care are restricted.

The findings further reveal that inmates continuously negotiate between vulnerability and adaptation. Their narratives illustrate how incarceration affects the body and mind simultaneously, making health a multidimensional experience. The sub-themes that emerged from the data include: (1) experiencing common and minor illnesses, (2) environmental triggers of illness, (3) timely attention and prevention of worsening conditions, (4) adaptation to the jail environment, and (5) emotional consequences of worsening health.

One of the dominant findings of the study is that inmates commonly experience ordinary yet recurring illnesses during incarceration. The participants identified stomach pain, skin diseases, and flu-like symptoms as some of the health problems encountered inside the jail facility. While these conditions were not described as life-threatening, the findings suggest that these illnesses form part of the inmates' everyday realities and significantly shape their experience of incarceration.

- *For instance, Inmate 2 simply stated:*
"Stomach ache."
- *Similarly, Inmate 3 explained:*
"Ang nakikita ko lang na kadalasang sakit, skin disease."
- *Meanwhile, Inmate 4 shared:*
"Simple trangkaso."

These statements indicate that inmates frequently encounter illnesses associated with communal living conditions and environmental exposure. Stomach aches may be associated with dietary changes, stress, irregular eating habits, or sanitation issues. On the other hand, skin diseases are particularly significant in custodial settings because of overcrowding, shared sleeping areas, limited personal space, and prolonged physical contact among inmates. Skin-related conditions may also reflect limitations in hygiene resources, ventilation, and access to preventive dermatological care. The experience of flu or respiratory illnesses likewise suggests the vulnerability of inmates to communicable diseases within enclosed environments. Correctional facilities are often characterized by close interpersonal proximity, which may facilitate the spread of respiratory infections, especially during cold weather or seasonal transitions.

Although the inmates described these illnesses as “simple” or manageable, the findings suggest that the normalization of sickness may itself be part of the incarceration experience. Over time, inmates may come to perceive common illnesses as routine aspects of jail life rather than exceptional occurrences. This normalization may reduce the tendency to report symptoms immediately, potentially increasing health risks if conditions worsen. Furthermore, the findings imply that the physical health experiences of inmates are strongly connected to structural conditions inside the facility. Thus, even minor illnesses should not be dismissed as insignificant because they may indicate broader systemic concerns related to sanitation, nutrition, overcrowding, and preventive health practices.

These findings are consistent with the study of Aguilar and Magtaan (2025), which emphasized the prevalence of contagious diseases within Philippine provincial jails and highlighted the influence of overcrowding and environmental conditions on inmates’ health. Similarly, Cloud et al. (2023) noted that correctional facilities expose inmates to heightened physical health risks due to overcrowding, poor sanitation, and limited health resources. Moreover, Favril et al. (2024) reported that incarcerated populations commonly experience increased physical and mental health morbidity associated with confinement conditions.

The findings also revealed that inmates perceive environmental and weather-related factors as contributors to illness. Participants recognized that changes in climate and the physical conditions inside the jail facility may directly affect their health status.

- *This was Expressed by Inmate 2, who Stated:*
“Siguro dahil sa dala ng panahon lalo na kung malamig.”

This statement highlights the inmates’ awareness that environmental exposure plays a role in the onset of illness. Cold weather was specifically associated with becoming sick, suggesting that inmates may experience inadequate protection against environmental conditions while incarcerated.

Within the correctional setting, inmates have limited control over their physical surroundings. Factors such as insufficient ventilation, overcrowded sleeping arrangements, thin bedding materials, exposure to humidity, and restricted access to weather-appropriate clothing may contribute to discomfort and illness. These conditions can increase vulnerability to respiratory infections, body pain, weakened immunity, and other weather-sensitive conditions. The findings further suggest that environmental stressors become more pronounced because inmates cannot freely modify or escape their surroundings. Unlike individuals outside correctional facilities who can independently seek warmth, comfort, or medical care, incarcerated individuals depend largely on institutional provisions and facility conditions.

Moreover, environmental exposure inside jail does not only refer to physical climate but also to the broader lived environment of incarceration. The stress associated with confinement, reduced privacy, limited mobility, and overcrowding may weaken physical resistance and make inmates more susceptible to illness. Thus, environmental factors should be understood not merely as external weather conditions but as part of the overall correctional environment influencing inmates’ health outcomes. The findings underscore the importance of maintaining humane environmental conditions inside detention facilities. Adequate ventilation, sanitation, sleeping arrangements, temperature management, and hygiene provisions are essential not only for comfort but also for disease prevention and health protection.

The findings support the observations of Adler and Chen (2023), who associated jail conditions such as overcrowding and inadequate facility environments with adverse health outcomes among incarcerated individuals. Likewise, Novisky et al. (2021) emphasized that incarceration itself functions as a social determinant of health, increasing vulnerability to communicable diseases and environmental health risks.

Another important finding of the study is the inmates’ perception that prompt medical attention prevents illnesses from worsening. Some participants expressed satisfaction with how health concerns are managed inside the facility, particularly when immediate responses are provided.

- *This was Emphasized by Inmate 2, who Explained:*

“Wala naman dahil nawawala agad dahil naasikaso.”

The statement reflects the participant's belief that health conditions improve because they are addressed promptly. This finding suggests that responsiveness in health care delivery significantly influences inmates' perceptions of safety and well-being while incarcerated. In correctional settings, inmates rely heavily on institutional systems to access treatment. Unlike individuals in the general community, they cannot independently consult physicians, purchase medication, or visit health facilities whenever they choose.

Consequently, the efficiency of the jail's response mechanism becomes crucial in determining whether illnesses improve or worsen.

The participant's positive experience may indicate improvements in the availability of medical attention, medication, or referral systems within the facility.

Immediate intervention appears to reduce physical discomfort and reassure inmates that their health concerns are acknowledged. This may also strengthen trust in the institution's capacity to provide care. However, the finding also implies that delayed intervention could have serious consequences. In environments where inmates are dependent on approval systems, paperwork, or officer coordination before receiving treatment, minor illnesses may progress into more severe conditions if neglected. Therefore, prompt response mechanisms serve not only as medical interventions but also as preventive measures against further complications. Additionally, the finding suggests that accessibility and responsiveness are central indicators of perceived quality of care among inmates. Even if resources are limited, inmates may develop positive perceptions of the health system when they feel that their concerns are attended to quickly and appropriately.

This finding aligns with the study of Carda-Auten et al. (2022), who emphasized that timely access to health services significantly influences inmates' perceptions of safety, trust, and quality of care within correctional facilities. Similarly, Ramaswamy and Freudenberg (2021) argued that correctional health systems should prioritize preventive and responsive health care approaches to prevent minor illnesses from progressing into severe conditions.

The findings revealed that inmates gradually adapt to the conditions of incarceration, including the health-related challenges associated with confinement. Adaptation emerged as an important mechanism through which inmates manage physical discomfort and continue functioning despite the limitations of jail life.

- *This was Expressed by Inmate 4, who Stated:*
“Hinde nag worsen, naka adapt sa environment.”

The statement demonstrates that adaptation becomes part of the inmates' survival process. Over time, inmates may become accustomed to the routines, physical conditions, and restrictions imposed by incarceration. Such adjustment may reduce the perceived severity of discomfort and enable individuals to cope more effectively with everyday health challenges.

Adaptation may involve physical, behavioral, and psychological adjustments. Physically, inmates may learn how to regulate their routines, conserve energy, or engage in behaviors that protect their health. Behaviorally, they may become familiar with institutional procedures for seeking medical assistance. Psychologically, adaptation may involve acceptance of confinement realities and emotional conditioning to endure stressful circumstances. However, adaptation should not necessarily be interpreted as complete well-being. Instead, it may reflect the inmates' effort to survive within conditions that they cannot fully control. In some cases, inmates may normalize discomfort or suppress complaints because they perceive illness as an unavoidable aspect of incarceration. The findings suggest that prolonged exposure to confinement conditions can reshape inmates' perceptions of health and illness. Experiences that would normally prompt concern outside jail may eventually become tolerated or accepted inside the correctional setting. This highlights how incarceration influences not only physical health but also individuals' standards for comfort, care, and well-being.

The findings are consistent with the study of Avieli (2023), who explained that incarcerated individuals develop adaptive self-management practices to cope with the physical and psychological demands of confinement. In addition, Gales et al. (2023) described incarceration as a lived experience requiring continuous adjustment to restrictive institutional conditions and environmental limitations.

Beyond physical illness, the findings revealed that worsening health conditions also affect inmates emotionally and psychologically. Participants recognized that illness inside jail can create emotional distress, especially when symptoms intensify or when uncertainty about treatment arises.

- *This was Highlighted by Inmate 4, who Stated:*
“Side effect sa emotion if worsen.”

The statement suggests that physical illness during incarceration cannot be separated from emotional experiences. When health conditions worsen, inmates may experience anxiety, fear, helplessness, frustration, or emotional instability. The inability to independently manage one's health condition may intensify these emotional burdens.

Incarceration itself is already associated with emotional strain due to separation from family, loss of freedom, uncertainty about legal outcomes, and social isolation. When illness occurs within this context, emotional stress may become even more severe. Inmates may worry about whether they will receive timely treatment, whether their condition will deteriorate, or whether they can continue enduring confinement physically and mentally. The findings also indicate the interconnectedness of physical and mental health. Physical suffering may trigger emotional distress, while emotional stress may also weaken physical resilience and recovery. This demonstrates the importance of viewing inmate health holistically rather than limiting health care solely to the treatment of bodily symptoms. Moreover, the emotional impact of illness may influence inmates' behavior, motivation, and interpersonal relationships inside the facility. Emotional distress may lead to withdrawal, hopelessness, irritability, or reduced participation in daily activities. Therefore, addressing inmates' health concerns requires attention not only to medical treatment but also to psychological and emotional support.

These findings are supported by Augsburg et al. (2022), who found that incarcerated individuals commonly experience overlapping physical and mental health concerns during confinement. Likewise, Basilio (2022) emphasized that persons deprived of liberty often experience psychological distress, anxiety, and emotional strain associated with illness and the broader realities of incarceration. Furthermore, Byrne et al. (2024) highlighted that correctional environments significantly influence inmates' mental health experiences and coping behaviors.

• *Synthesis*

The findings indicate that inmates experience health as a multidimensional consequence of incarceration, where common illnesses such as stomach pain, skin diseases, and flu-like symptoms become routine yet meaningful aspects of daily life due to the constraints of confinement. Participants attributed these health problems not only to physical conditions but also to environmental factors, including overcrowding, inadequate ventilation, sanitation, weather exposure, and the broader stress of living in a restrictive correctional setting. Despite these challenges, inmates recognized that prompt medical attention helps prevent illnesses from worsening, fostering a sense of security and trust in the facility's health services. Over time, they also described adapting to the jail environment by adjusting physically, behaviorally, and psychologically, although such adaptation often reflects the normalization of discomfort rather than genuine well-being. Furthermore, the findings highlight that deteriorating health extends beyond physical suffering, producing emotional distress, anxiety, and helplessness, thereby underscoring the interconnected nature of physical and mental health among incarcerated individuals.

➤ *Challenges Encountered by Inmates in Seeking Medical Attention or Treatment During Incarceration.*

Table 2 Challenges Encountered by Inmates in Seeking Medical Attention or Treatment During Incarceration

Interview Question	Actual Responses	Code/Category/Theme
What difficulties or challenges have you	Inmate 2: "Una ipapaalam sa mayor ng preso tapos sa admin."	Multi-step reporting process
Encountered in getting treatment?	Inmate 3: "Pina paalam namen sa mga PDL officer and Jail officer."	Dependence on officers
	Inmate 2: "Dati medyo mahirap dahil maraming proseso."	Delayed medical processing
	Inmate 3: "Mahirap ang pag release ng may sakit kailangan pa ng papers."	Paperwork requirements
	Inmate 4: "Dati matagal humihingi ng papel."	Administrative delay
	Inmate 1: "Kailangan ng court order para makapag-pacheck up."	Court order limitation
	Inmate 4: "Nahihiya magsabi."	Hesitation to communicate illness
	Inmate 5: Wala naman	(Negligible response)
	Inmate 6: Wala naman	(Negligible response)
	Inmate 7: matagal minsan	(Negligible response)
	Inmate 8: wala naman	(Negligible response)
	Inmate 10: wala naman	(Negligible response)

➤ *Theme 2: Barriers Behind the Walls*

This theme reflects the various obstacles inmates encounter in accessing medical attention and health care services during incarceration. The findings reveal that although health services are available within the correctional facility, inmates continue to

experience procedural, institutional, communicative, and psychological barriers that affect the timeliness and accessibility of care. The participants' narratives demonstrate that access to health care inside jail is highly dependent on institutional systems, administrative approval, and interpersonal communication with jail authorities.

The findings further suggest that inmates' ability to obtain medical care is not solely determined by the presence of health services, but also by the efficiency of reporting mechanisms, documentation requirements, bureaucratic procedures, and inmates' willingness to disclose their health concerns. The subthemes that emerged include: (1) reliance on hierarchical reporting systems, (2) bureaucratic and procedural delays, (3) institutional restrictions on external medical access, and (4) hesitation and silence in communicating illness.

One of the major barriers identified by the participants is the dependence on a structured chain of communication before medical concerns can be addressed. The findings reveal that inmates cannot directly access medical services independently; instead, they must first report their condition to designated inmate leaders or jail personnel.

✓ *This was Described by Inmate 2, who Stated:*

"Una ipapaalam sa mayor ng preso tapos sa admin."

✓ *Similarly, Inmate 3 shared:*

"Pina paalam namen sa mga PDL officer and Jail officer."

These statements indicate that inmates must follow a hierarchical reporting process whenever they need medical attention. The involvement of the "mayor ng preso" (inmate leader), PDL officers, and jail officers suggests that health concerns are filtered through several levels before action can be taken.

This reliance on institutional hierarchy may delay immediate access to care, especially in urgent situations. Unlike individuals outside correctional facilities who can independently seek consultation or emergency treatment, inmates remain dependent on officers and administrative personnel to communicate, validate, and facilitate their medical concerns. As a result, inmates have limited autonomy over their own health decisions.

The findings further imply that the quality and speed of medical response may depend heavily on how quickly officers act upon inmates' requests. Consequently, inmates' access to care becomes influenced not only by medical availability but also by administrative responsiveness and interpersonal relationships within the facility. Moreover, the reporting hierarchy reflects the controlled nature of correctional institutions, where movement, communication, and decision-making are regulated. While such procedures may be necessary for security purposes, they may unintentionally create barriers that delay medical intervention. Thus, the findings suggest the need for more streamlined and responsive reporting mechanisms that balance institutional security with inmates' right to timely health care.

These findings are consistent with the study of Spycher et al. (2021), who described prison health care as operating within a gatekeeping system where inmates' access to medical services depends heavily on institutional approval and administrative procedures. Similarly, Canada et al. (2022) identified institutional and organizational barriers as significant factors limiting inmates' timely access to physical and mental health care services. The findings also support the observations of Carda-Auten et al. (2022), who emphasized that correctional health care access is highly influenced by institutional structures, staffing systems, and coordination processes within detention facilities. Likewise, Berk et al. (2021) argued that incarcerated individuals' health concerns are often shaped by institutional barriers that restrict independent access to care.

Another significant barrier experienced by inmates involves lengthy administrative procedures and paperwork requirements before treatment or hospital referral can occur. The participants described past experiences in which accessing medical care required multiple processes and documentary approvals.

✓ *This was Emphasized by Inmate 2, who Explained:*

"Dati medyo mahirap dahil maraming proseso."

✓ *Likewise, Inmate 3 Stated:*

"Mahirap ang pag release ng may sakit kailangan pa ng papers."

✓ *Similarly, Inmate 4 Shared:*

"Dati matagal humihingi ng papel."

These statements reveal that bureaucratic procedures previously slowed down inmates' access to treatment. The requirement for paperwork, documentation, and approval processes appears to have created delays, particularly when inmates needed to be transferred outside the facility for medical attention.

The findings suggest that institutional bureaucracy may become a barrier when health care access depends heavily on administrative compliance rather than immediate medical need. In emergency or urgent situations, delays caused by paperwork may increase inmates' vulnerability and potentially worsen health conditions. The repeated mention of "papers" indicates that formal authorization is necessary before certain forms of treatment can be provided. This reflects the correctional system's emphasis on regulation, accountability, and security. However, while documentation procedures may serve institutional purposes, they may also unintentionally compromise timely medical intervention.

The participants' use of the word "dati" (before) is also significant because it implies that some improvements may have occurred over time. Nonetheless, the recollection of difficult past experiences demonstrates that inmates continue to remember and associate health care access with procedural difficulty and institutional delay. The findings further suggest that inmates perceive bureaucratic obstacles as part of the broader experience of incarceration. Health care access is not viewed as immediate or automatic but as something that must pass through institutional approval systems. Therefore, reducing unnecessary procedural barriers may significantly improve inmates' perception of health care accessibility and responsiveness.

These findings are congruent with the study of Aziz et al. (2021), who identified bureaucratic processes, delayed referrals, and institutional restrictions as major barriers to quality health care among incarcerated populations. Similarly, Scanlon and Morgan (2025) emphasized that administrative procedures and implementation barriers often delay the delivery of medical and mental health services within correctional facilities. The findings further support the work of Lupez et al. (2024), who reported that incarcerated individuals frequently encounter barriers related to health care access, delayed treatment, and institutional limitations despite the presence of available medical services.

The findings also reveal that inmates face institutional limitations when seeking medical care outside the correctional facility. Access to external medical services is restricted by legal and administrative requirements, reflecting the controlled nature of incarceration.

✓ *This was Highlighted by Inmate 1, who Stated:*
"Kailangan ng court order para makapag-pacheck up."

This statement demonstrates that inmates cannot freely access hospitals or external health facilities without formal authorization. The requirement for a court order indicates that even medical consultations outside the jail are subject to legal processes and institutional approval.

The findings suggest that inmates experience restricted autonomy over their health care decisions. Unlike individuals in the community who can independently schedule consultations or seek specialized treatment, inmates must comply with legal and correctional procedures before receiving outside medical attention. Such restrictions may become particularly challenging for inmates with conditions requiring specialized care, diagnostic procedures, or urgent referral to hospitals. Delays in obtaining authorization may prolong suffering, heighten anxiety, and potentially worsen health outcomes.

Furthermore, the requirement for court approval reflects the intersection between correctional management and the justice system. Health care access becomes not only a medical issue but also a legal and institutional matter. This demonstrates how incarceration transforms even basic health-seeking behaviors into regulated activities subject to external control. The findings underscore the importance of balancing institutional security with inmates' fundamental right to health. While correctional facilities must maintain order and safety, the data suggest that excessive restrictions may hinder timely access to necessary medical services.

These findings align with the study of Yarcia and Bernadas (2023), who emphasized that persons deprived of liberty remain entitled to the right to health despite incarceration and that excessive institutional restrictions may compromise equitable access to health services. Likewise, Cordero Jr (2024) called attention to persistent inequalities in health care access among persons deprived of liberty in the Philippines. The findings are also supported by Mohammad et al. (2023), who identified institutional restrictions and limited autonomy as significant barriers affecting incarcerated individuals' ability to seek timely and appropriate health care services.

Another important barrier identified in the study is the inmates' reluctance to openly communicate their health concerns. Beyond institutional and procedural obstacles, the findings reveal the presence of psychological and emotional barriers that affect help-seeking behavior.

✓ *This was Expressed by Inmate 4, who Stated:*
"Nahihiya magsabi."

The statement suggests that some inmates hesitate to disclose illness because of shame, embarrassment, fear of judgment, or discomfort in communicating personal concerns. This finding highlights that access to health care is not solely dependent on institutional systems but also on inmates' willingness and confidence to seek help. Within the correctional environment, inmates

may avoid reporting symptoms for various reasons. Some may fear being perceived as weak, overly demanding, or burdensome to officers and fellow inmates. Others may normalize pain and discomfort as part of incarceration and therefore choose silence instead of seeking treatment.

The findings also imply that emotional and social dynamics inside the facility influence health-seeking behavior. In highly controlled environments where privacy is limited, inmates may feel uncomfortable discussing sensitive health concerns openly. Consequently, some conditions may remain untreated until symptoms become severe. This hesitation may also be associated with previous negative experiences related to delayed response, procedural difficulty, or fear that complaints may not be taken seriously. As a result, psychological barriers may reinforce institutional barriers, creating additional obstacles to timely treatment. The findings demonstrate that promoting accessible health care inside correctional facilities requires not only efficient procedures but also a supportive environment where inmates feel safe and encouraged to communicate their health concerns without fear or embarrassment.

These findings are consistent with the study of Byrne et al. (2024), which found that inmates' help-seeking behaviors are strongly influenced by social identity, fear of stigma, and concerns regarding vulnerability within correctional environments. Similarly, Feingold (2021) emphasized that stigma associated with incarceration significantly affects inmates' willingness to communicate personal concerns and seek professional assistance. The findings also support the work of Nwakasi et al. (2022), who observed that incarcerated individuals often experience difficulty seeking health and mental health support due to institutional culture, fear of judgment, and limited confidence in available support systems.

• *Synthesis*

The findings reveal that although health services are available within the correctional facility, inmates continue to face multiple barriers that limit timely and equitable access to medical care. Participants described reliance on hierarchical reporting systems, bureaucratic procedures, institutional restrictions, and personal hesitation as key obstacles to obtaining treatment. Access to health services depends heavily on administrative approval, documentation, and coordination with jail personnel, reducing inmates' autonomy and often delaying medical intervention, particularly when external consultations or hospital referrals require legal authorization such as court orders. While some participants acknowledged improvements in administrative processes over time, procedural requirements remain closely associated with delayed access to care. Beyond institutional barriers, inmates also reported reluctance to disclose health concerns due to embarrassment, fear of judgment, or the normalization of illness within the correctional environment, which may further delay treatment. The findings demonstrate that effective correctional health care requires not only the availability of medical services but also streamlined procedures, responsive institutional systems, and a supportive environment that encourages inmates to seek timely medical assistance without fear or stigma.

➤ *Experience and Interpretation of the Challenges to Health Care Services in Jail*

Central Question: How do you experience and interpret the challenges that affect your access to health care services in jail?

The findings in Theme 2 (in 3.2) reveals that the experiences of incarcerated individuals regarding health care services are characterized not only by physical confinement but also by institutional, procedural, legal, and psychological limitations that collectively hinder timely and accessible medical care. The findings demonstrate that although correctional facilities provide health services, the actual process of obtaining care remains difficult, controlled, and heavily dependent on administrative systems rather than solely on medical need. Inmates' narratives illustrate that health care access within jail is deeply shaped by the structure of incarceration itself, where authority, bureaucracy, and restricted autonomy influence every stage of the health-seeking process.

The participants' experiences suggest that health care in jail is perceived not as an immediately accessible right, but as a regulated privilege that requires institutional approval before assistance can be obtained. Their interpretations of these experiences reveal feelings of dependency, delay, restriction, and hesitation, all of which shape how they view medical care while incarcerated. The findings further indicate that the challenges inmates encounter extend beyond the availability of medicine or personnel; rather, they are embedded within the correctional system's operational procedures and social environment.

These findings are consistent with the study of Canada et al. (2022), who identified multiple institutional and systemic barriers affecting inmates' access to physical and mental health services within correctional facilities. Similarly, Lupez et al. (2024) reported that incarcerated individuals frequently encounter substantial barriers to health care access despite the presence of available medical services. The findings likewise support the work of Yarcia and Bernadas (2023), who emphasized that health care access among persons deprived of liberty is often shaped by institutional control and legal regulations despite the recognition of health as a fundamental human right.

One of the most prominent experiences shared by the participants involves their dependence on hierarchical reporting structures before medical concerns can be addressed. The inmates explained that they cannot independently seek medical attention and must first report their condition to designated authorities such as inmate leaders, PDL officers, or jail officers.

- Inmate 2 stated, "*Una ipapaalam sa mayor ng preso tapos sa admin,*" while

- Inmate 3 shared, “*Pina paalam namen sa mga PDL officer and Jail officer.*”

These experiences reflect the highly controlled environment inside correctional facilities, where inmates’ movements and decisions are subject to institutional authority. The participants interpreted this process as a necessary but restrictive system that limits their autonomy in managing their own health. Unlike individuals in the community who can directly consult health professionals, inmates must rely on multiple intermediaries before receiving care. This dependency creates feelings of powerlessness because their access to treatment becomes contingent upon the responsiveness and discretion of officers or inmate leaders.

The findings also suggest that inmates perceive the reporting hierarchy as both a security measure and a source of delay. While they understand the need for order and regulation within the facility, they simultaneously recognize that the layered communication system may slow down medical response, particularly during urgent situations. The requirement to pass through several levels of approval may unintentionally minimize the immediacy of health concerns, causing inmates to feel that their illnesses are filtered through administrative priorities before being recognized as medical needs.

Moreover, the participants’ experiences demonstrate how correctional institutions transform health-seeking behavior into a collective and supervised process rather than a private personal decision. Health concerns become visible to officers, inmate leaders, and administrative personnel, thereby reducing confidentiality and personal agency. This experience may contribute to discomfort and reluctance among inmates when reporting illnesses, particularly for sensitive medical conditions. Thus, the hierarchical reporting system functions not only as an administrative procedure but also as a social structure that shapes inmates’ perceptions of vulnerability, dependence, and restricted self-determination.

These findings are aligned with Spycher et al. (2021), who described prison health care systems as operating within a strict gatekeeping structure where inmates’ access to care depends heavily on institutional authorization and administrative processes. Likewise, Carda-Auten et al. (2022) emphasized that access to health services in correctional facilities is significantly influenced by organizational systems, staff coordination, and institutional procedures. The findings further support the observations of Berk et al. (2021), who argued that incarcerated individuals’ health experiences are strongly influenced by institutional barriers and restrictions that limit independent access to treatment and care.

Another significant challenge identified by the participants is the experience of bureaucratic and procedural delays before medical care can be provided. The inmates described how accessing treatment often involved lengthy processes, paperwork, and administrative requirements. Inmate 2 explained, “*Dati medyo mahirap dahil maraming prosesos,*” while Inmate 3 stated, “*Mahirap ang pag release ng may sakit kailangan pa ng papers.*” Similarly, Inmate 4 recalled, “*Dati matagal humihingi ng papel.*”

These statements reveal that inmates associate health care access with institutional bureaucracy rather than immediate medical responsiveness. Their experiences indicate that obtaining treatment, especially outside the correctional facility, requires documentary compliance and formal authorization processes that may delay intervention. The participants interpreted these procedures as obstacles that prolonged suffering and increased uncertainty, particularly for those experiencing serious or urgent health conditions.

The repeated mention of “papers” symbolizes the dominance of administrative requirements within the correctional system. The findings suggest that health care inside jail is strongly influenced by institutional accountability mechanisms where documentation and approval are prioritized to maintain security and organizational control. However, from the inmates’ perspective, these procedures may unintentionally overshadow the urgency of medical needs. Consequently, inmates perceive the process as burdensome and emotionally exhausting because treatment becomes dependent not only on illness severity but also on the completion of institutional requirements.

Interestingly, the participants’ use of the term “dati” (before) implies that improvements may have occurred over time. Nevertheless, their recollections indicate that procedural difficulties remain deeply embedded in their memory and continue to influence their perception of correctional health services. This demonstrates that experiences of delayed care can have lasting psychological effects, shaping inmates’ trust and confidence in the institution’s ability to respond promptly to health concerns.

Furthermore, the findings highlight the broader reality that incarceration alters the meaning of health care access. In the correctional setting, medical attention is no longer immediate or self-directed; instead, it becomes a process mediated by institutional bureaucracy. The participants’ narratives therefore reflect a tension between institutional regulation and humanitarian care, where the need for security and order may unintentionally compromise timely medical intervention.

These findings are congruent with the study of Aziz et al. (2021), who identified bureaucratic procedures, delayed referrals, and institutional restrictions as major barriers to quality health care among incarcerated populations. Similarly, Scanlon and Morgan (2025) emphasized that administrative and procedural barriers frequently delay the implementation of medical and mental health interventions within jail settings. The persistence of inmates’ perceptions regarding delayed treatment also supports the findings of

Abrifor et al. (2023), who reported that incarcerated individuals often associate correctional health care with procedural difficulty, delayed intervention, and limited responsiveness from institutional systems.

The findings also reveal that inmates experience significant limitations in accessing external medical services due to legal and institutional restrictions. Inmate 1 emphasized this challenge by stating, “*Kailangan ng court order para makapag-pacheck up.*”

This experience demonstrates that incarcerated individuals do not possess full autonomy over decisions regarding their medical care. The requirement for a court order signifies that access to hospitals, specialists, or external health facilities is not purely a medical concern but also a legal and administrative matter. The participants interpreted this restriction as evidence that incarceration extends beyond physical confinement and affects even their ability to seek basic health services.

The findings suggest that inmates feel constrained by the reality that medical consultations outside the facility depend on approvals from authorities beyond the correctional institution itself. Such restrictions may become especially problematic for inmates requiring specialized examinations, advanced diagnostics, or emergency hospital referrals. Delays associated with securing authorization may intensify physical suffering, emotional distress, and anxiety about worsening health conditions.

Moreover, the requirement for court approval reflects the intersection of the correctional system and the legal system in regulating inmates' lives. The participants' experiences indicate that their health needs are often subordinated to procedural and legal considerations. As a result, inmates may perceive themselves as having limited control over their own bodies and health outcomes. This reinforces feelings of dependency and helplessness because even necessary medical interventions require external permission before they can occur.

The findings further imply that inmates interpret these restrictions as part of the broader loss of freedom associated with incarceration. Activities that are ordinary and accessible in the community—such as visiting a doctor or obtaining a medical check-up—become difficult and heavily regulated inside jail. Consequently, health care access is experienced not as a straightforward service but as a legally mediated privilege shaped by institutional authority.

These findings support the study of Cordero Jr (2024), who highlighted persistent inequalities in health care access among persons deprived of liberty in the Philippines. Similarly, Yarcia and Bernadas (2023) emphasized that institutional and legal restrictions may compromise inmates' right to equitable and timely health care services. The findings are also consistent with Mohammad et al. (2023), who identified institutional restrictions and limited autonomy as significant factors influencing incarcerated individuals' access to appropriate medical care and health-related decision-making.

Beyond institutional and procedural barriers, the findings reveal the existence of psychological and emotional challenges that discourage inmates from seeking medical attention. Inmate 4 expressed this experience succinctly through the statement, “*Nahihiya magsabi.*”

This finding demonstrates that some inmates hesitate to disclose their illnesses because of embarrassment, fear of judgment, or discomfort in discussing personal health concerns. The participants' experiences suggest that the correctional environment may discourage open communication about sickness, especially in settings where privacy is limited and interactions are constantly monitored. As a result, some inmates choose silence even when medical attention may be necessary.

The findings indicate that inmates interpret help-seeking as emotionally risky within the jail environment. Some may fear being perceived as weak or burdensome, while others may doubt whether their concerns will be taken seriously due to previous experiences of delayed response or procedural difficulty. These psychological barriers become intertwined with institutional barriers, creating a cycle in which inmates avoid reporting symptoms because they anticipate inconvenience, delay, or negative reactions.

The participants' hesitation also reflects the social dynamics of incarceration. In highly controlled environments where individuals have limited personal space and autonomy, discussing illness may expose vulnerability. Consequently, inmates may normalize pain, discomfort, or untreated symptoms as part of daily prison life. This normalization may contribute to delayed treatment-seeking behaviors and worsening health conditions over time.

Furthermore, the findings highlight that accessibility to health care is not solely determined by the physical presence of medical services but also by the emotional climate within the facility. Even when services are available, inmates may remain reluctant to utilize them if they do not feel psychologically safe or supported. Therefore, the participants' experiences suggest that improving correctional health care requires not only procedural efficiency but also the cultivation of a humane and supportive environment that encourages open communication and respects inmates' dignity.

These findings are consistent with the study of Byrne et al. (2024), which found that help-seeking behaviors among incarcerated individuals are strongly influenced by fear of stigma, vulnerability, and social identity concerns within correctional

environments. Likewise, Feingold (2021) emphasized that stigma associated with incarceration significantly affects inmates' willingness to communicate personal concerns and seek professional assistance. The findings further support the observations of Nwakasi et al. (2022), who noted that incarcerated individuals often experience difficulty utilizing health and mental health services because of institutional culture, fear of judgment, and limited confidence in available support systems.

• *Synthesis*

The findings demonstrate that inmates perceive access to health care during incarceration as a highly regulated process shaped by institutional authority, bureaucratic procedures, legal restrictions, and psychological barriers rather than by medical need alone. Participants described having limited autonomy, as they must rely on hierarchical reporting systems, administrative approvals, and legal requirements before receiving treatment, creating feelings of dependency, powerlessness, and delayed access to care. Although these procedures are recognized as necessary for maintaining security and order, inmates viewed them as obstacles that often prolong suffering, reduce confidentiality, and diminish trust in the responsiveness of correctional health services. The requirement for court authorization to obtain external medical care further reinforced their perception that even basic health-seeking behaviors are subject to institutional control, intensifying feelings of restriction and helplessness. Beyond procedural challenges, inmates also experienced emotional barriers, including embarrassment, fear of judgment, and reluctance to disclose illness, which contributed to delayed help-seeking and the normalization of untreated health problems. Collectively, these experiences highlight that improving correctional health care requires not only accessible medical services but also more responsive administrative processes, greater respect for inmates' autonomy and dignity, and a supportive environment that encourages timely communication of health concerns.

➤ *Coping Mechanisms of Inmates in Managing Health Problems During Incarceration*

Table 3 Coping Mechanisms of Inmates in Managing Health Problems During Incarceration

Interview Question	Actual Responses	Code/Category/Theme
How do you manage your health problems while staying in jail?	Inmate 1: "Healthy diet, exercise."	Healthy lifestyle
	Inmate 2: "Uminom ng gamot dahil marami naman available."	Medication compliance
	Inmate 3: "Lagi lang ako nag papalakas like exercise ng Army Dozen."	Regular exercise
	Inmate 4: "Activities provided by the provincial jail, vitamins."	Participation in wellness activities
	Inmate 3: "Nililibang ko lang ang sarili ko para hinde ko maisip ang kaso ko."	Self-distraction
	Inmate 4: "Nagpapawis, nag exercise hinde pinapahina ang pag iisip."	Mental resilience through activity
	Inmate 4: "Hygiene, exercise, vitamins."	Preventive self-care
	Inmate 5: Naagapan naman po agad	(Negligible response)
	Inmate 7: Nagbibigay naman sila ng vitamins	(Negligible response)
	Inmate 9: Self-exercise lang	(Negligible response)
	Inmate 10: Wala naman po	(Negligible response)

• *Theme 3: Strength in Survival*

This theme reflects the various coping mechanisms inmates employ to manage their physical, emotional, and psychological health concerns during incarceration. The findings reveal that despite the limitations and hardships associated with confinement, inmates actively engage in self-care practices and adaptive behaviors to preserve their well-being. Their coping strategies encompass physical activities, medication adherence, participation in institutional wellness programs, emotional diversion, mental resilience, and preventive health practices.

The participants' narratives demonstrate that coping during incarceration extends beyond merely treating illness. Instead, inmates continuously attempt to maintain stability, endure confinement, and protect themselves from both physical deterioration and emotional distress. The findings suggest that coping mechanisms function as survival strategies that help inmates regain a sense of control in an environment where personal autonomy is significantly restricted.

The sub-themes that emerged from the data include: (1) maintaining physical health through lifestyle practices, (2) reliance on medication and institutional wellness support, (3) exercise as a form of empowerment and resilience, (4) emotional diversion and psychological coping, and (5) preventive self-care as a survival strategy.

One of the primary coping strategies identified by the participants involves maintaining a healthy lifestyle through exercise and proper diet. The inmates recognized the importance of actively taking care of their bodies despite the limitations of incarceration.

- ✓ *This was Expressed by Inmate 1, who Stated:*
"Healthy diet, exercise."

The statement reflects an awareness that physical well-being requires intentional effort. Even within the constrained environment of the correctional facility, inmates attempt to sustain healthy routines that may help prevent illness and maintain bodily strength.

The findings suggest that engaging in healthy behaviors serves both preventive and restorative purposes. Exercise and proper diet may help inmates strengthen their immune system, reduce susceptibility to illness, and improve physical endurance. Moreover, maintaining such routines may also provide inmates with a sense of discipline and normalcy amid the structured and restrictive nature of jail life. The emphasis on healthy lifestyle practices also reflects the inmates' desire to preserve personal agency over their bodies. Since incarceration limits freedom in many aspects of life, maintaining control over one's health practices may become a meaningful form of self-preservation and autonomy. Furthermore, the findings imply that inmates do not passively endure incarceration but actively seek ways to sustain their health. This demonstrates resilience and self-awareness regarding the importance of physical wellness inside correctional facilities.

These findings are aligned with the study of Mommaerts et al. (2023), who emphasized the importance of nutrition and healthy lifestyle practices in supporting both physical and mental health among incarcerated populations. Likewise, Baldonado (2022) found that participation in physical activities among persons deprived of liberty contributes positively to physical wellness, emotional balance, and overall quality of life. The findings further support the work of Paclauna (2024), who observed that inmates actively engage in self-preserving behaviors and adaptive routines to cope with the restrictive conditions of incarceration.

The participants also identified medication intake and participation in institutional wellness activities as important coping mechanisms. These practices indicate that inmates rely not only on personal strategies but also on available institutional resources to manage their health.

- ✓ *This was Highlighted by Inmate 2, who Stated:*
"Uminom ng gamot dahil marami naman available."

- ✓ *Similarly, Inmate 4 shared:*
"Activities provided by the provincial jail, vitamins."

These statements suggest that inmates perceive available medication and wellness programs as essential forms of support in maintaining their health. The accessibility of medicines appears to provide reassurance that illnesses can be managed before becoming severe.

Medication compliance reflects the inmates' trust in available treatment and their willingness to follow medical interventions. By taking prescribed or available medicines, inmates actively participate in managing their own health conditions. Meanwhile, participation in wellness activities organized by the correctional facility indicates that institutional programs contribute positively to inmates' coping experiences. Activities and vitamins may help inmates maintain physical energy, reduce boredom, and improve overall well-being. The findings further suggest that institutional support plays a significant role in shaping inmates' health experiences. When inmates perceive that medicines and wellness activities are accessible, they may develop a greater sense of security and stability while incarcerated. Moreover, these coping mechanisms highlight the importance of correctional facilities in promoting health maintenance rather than merely responding to illness. Preventive and wellness-oriented programs appear to strengthen inmates' capacity to cope with confinement-related stressors.

These findings are consistent with the study of Ramaswamy and Freudenberg (2021), who emphasized that correctional health systems should promote preventive and wellness-oriented approaches in addition to treatment-focused interventions. Similarly, Comartin et al. (2022) highlighted the positive role of institutional health and wellness programs in supporting inmates' physical and psychological well-being. The findings also support the study of Cassarino et al. (2023), who emphasized that inmates' trust in institutional health services significantly influences their willingness to utilize available medical resources and interventions.

Exercise emerged as one of the most dominant coping mechanisms among the participants. The inmates repeatedly emphasized physical activity as a way to maintain strength, resist illness, and endure incarceration.

- ✓ *This was Evident in the Statement of Inmate 3, who Explained:*
"Lagi lang ako nag papalakas like exercise ng Army Dozen."

- ✓ *Similarly, Inmate 4 Stated:*
"Nagpapawis, nag exercise hinde pinapahina ang pag iisip."

These narratives demonstrate that exercise functions not only as physical activity but also as a source of empowerment and resilience. For inmates, exercise helps preserve bodily strength while simultaneously protecting mental stability.

The mention of the “Army Dozen” exercise routine suggests discipline, structure, and commitment to physical fitness. Such practices may provide inmates with a sense of accomplishment and personal control despite the restrictions of incarceration. The findings further indicate that exercise serves psychological purposes. Physical activity becomes a mechanism for releasing stress, reducing anxiety, and preventing overthinking. By engaging in exercise, inmates redirect their energy toward productive activity rather than focusing solely on their confinement or legal circumstances. Moreover, the statement “hinde pinapahina ang pag iisip” (not weakening the mind) demonstrates the inmates’ recognition of the connection between physical activity and mental resilience. Exercise appears to strengthen not only the body but also emotional endurance and psychological stability. This sub-theme highlights that inmates perceive physical activity as essential for survival inside jail. Exercise becomes both a coping mechanism and a symbolic act of resistance against physical deterioration, emotional despair, and helplessness.

These findings align with the study of Englatiera et al. (2024), who found that participation in physical fitness programs significantly improves inmates’ quality of life, physical wellness, and psychological well-being. Similarly, Baldonado (2022) reported that exercise serves as a positive coping mechanism that promotes discipline, self-confidence, and resilience among persons deprived of liberty. The findings further support the observations of Tesoro (2025), who emphasized that physical activity and structured routines contribute significantly to emotional endurance and psychological resilience among incarcerated individuals.

The findings also reveal that inmates use distraction and emotional diversion as coping mechanisms to deal with stress, anxiety, and the psychological burden of incarceration.

✓ *This was Expressed by Inmate 3, who Stated:*

“Nililibang ko lang ang sarili ko para hinde ko maisip ang kaso ko.”

The statement indicates that inmates intentionally engage in activities or distractions to avoid excessive focus on their legal situation and emotional distress. Diversionary coping appears to help inmates manage intrusive thoughts, worry, and anxiety associated with their confinement.

The findings suggest that incarceration creates significant psychological strain, particularly because inmates constantly confront uncertainty regarding their cases, future, and personal circumstances. In this context, keeping oneself occupied becomes an important strategy for emotional survival. Emotional diversion may involve participating in activities, socializing, exercising, or engaging in routines that prevent inmates from dwelling on negative thoughts. Such strategies help reduce emotional overload and maintain psychological balance within the stressful environment of the correctional facility. The participant’s statement also demonstrates self-awareness regarding mental health. Inmates recognize that excessive rumination about their situation may weaken emotional stability; therefore, distraction becomes a practical method of protecting mental well-being. This sub-theme reveals that coping during incarceration is deeply psychological. Inmates do not merely attempt to survive physically but also strive to preserve emotional functioning and mental resilience despite ongoing stressors.

These findings are consistent with the study of Mabborang (2025), who reported that inmates utilize various emotional and psychological coping strategies to manage stress, uncertainty, and the emotional burden associated with confinement. Likewise, Clemente-Faustino and De Guzman (2024) emphasized that inmates continuously develop coping mechanisms to preserve emotional stability and psychological functioning during incarceration. The findings further support the work of Basilio (2022), who highlighted the importance of emotional coping and mental health support in helping persons deprived of liberty manage the psychological effects of confinement.

Another important finding of the study is the inmates’ engagement in preventive self-care practices. The participants emphasized the importance of maintaining hygiene, exercising regularly, and taking vitamins to avoid illness.

✓ *This was Highlighted by Inmate 4, who Stated:*

“Hygiene, exercise, vitamins.”

The statement reflects a proactive approach toward health maintenance. Rather than waiting for illness to occur, inmates attempt to protect themselves through preventive behaviors that promote overall wellness.

The findings suggest that preventive self-care becomes especially important in correctional settings where exposure to communicable diseases and environmental stressors is high. Practices such as maintaining hygiene and strengthening the body through exercise and vitamins may reduce vulnerability to illness. Moreover, preventive self-care may also provide inmates with a sense of responsibility and control over their own well-being. In an environment where many aspects of life are regulated by institutional rules, engaging in self-care practices allows inmates to actively participate in preserving their health. The emphasis on hygiene is particularly significant because correctional facilities often involve shared living conditions and close interpersonal

contact. Maintaining cleanliness may therefore serve both individual and collective health protection. This sub-theme highlights that inmates are not passive recipients of care. Instead, they actively engage in behaviors that help them remain physically and mentally strong throughout incarceration.

These findings are aligned with the study of Avieli (2023), who explained that incarcerated individuals actively engage in preventive self-care and health management practices to reduce vulnerability to illness within correctional environments. Similarly, Aguilar and Magtaan (2025) emphasized the importance of preventive health measures, hygiene practices, and environmental management in minimizing health risks within Philippine jails. The findings also support the observations of Ramaswamy and Freudenberg (2021), who argued that correctional health care should empower inmates to actively participate in maintaining and promoting their own health and well-being.

• *Synthesis*

The findings reveal that inmates actively employ a range of coping mechanisms to maintain their physical, emotional, and psychological well-being despite the hardships of incarceration. Participants demonstrated resilience by adopting healthy lifestyle practices such as exercising, maintaining proper hygiene, eating a healthy diet, taking medications and vitamins, and participating in institutional wellness programs, reflecting their efforts to preserve health and regain a sense of personal control within a highly restrictive environment. Exercise emerged as a particularly important coping strategy, serving not only to strengthen the body but also to enhance mental resilience, reduce stress, and foster discipline and emotional endurance. Inmates likewise relied on emotional diversion by engaging in meaningful activities to distract themselves from anxiety, uncertainty, and the psychological burden of their legal circumstances, helping them sustain emotional stability during confinement. Furthermore, preventive self-care practices were viewed as essential survival strategies that reduced vulnerability to illness and reinforced personal responsibility for health despite environmental risks. The findings illustrate that inmates are not passive recipients of care but active agents who utilize both personal initiatives and available institutional support to adapt, endure, and safeguard their overall wellbeing while incarcerated.

➤ *Informal Support Systems Utilized by Inmates for Health-Related Concerns*

Table 4 Informal Support Systems Utilized by Inmates for Health-Related Concerns

Interview Question	Actual Responses	Code/Category/Theme
Who do you turn to when you have healthrelated concerns?	Inmate 1: “NSPJ-PDL Officers and NSPJ admin.”	Institutional support
	Inmate 2: “Mayor sa preso.”	Peer leadership support
	Inmate 3: “Sa mga Jail officer.”	Jail officer assistance
	Inmate 1: “Moral and financial support.”	Family assistance
	Inmate 2: “Pagkakaisa parin, Activities, Rosary.”	Unity and spirituality
	Inmate 4: “Advice.”	Emotional guidance from peers
	Inmate 3: “May family agad na pumupunta doon.”	Family visitation/support
	Inmate 1: “Sila ang magkokontak sa ambulance.”	Emergency assistance from staff
	Inmate 5: Pamilya	Family visitation/support
	Inmate 7: Jail guard	Jail officer assistance
	Inmate 8: Pamilya	Family visitation/support
	Inmate 9: Clinic incharge	Emergency assistance from staff
	Inmate 10: pamilya	Family visitation/support

• *Theme 4: Hands That Help Heal*

The theme “Hands That Help Heal” reflects the informal support systems inmates rely on to address health-related concerns during incarceration. The findings reveal that inmates depend heavily on interpersonal relationships and social support networks inside and outside the correctional facility to cope with illness, emotional distress, and health emergencies. These support systems include jail officers, inmate leaders, fellow inmates, family members, spiritual activities, and institutional personnel who collectively contribute to the inmates’ sense of care, security, and emotional stability.

The participants’ narratives demonstrate that health care experiences inside jail are not limited to formal medical interventions alone. Instead, support from people within the inmates’ social environment plays a critical role in helping them manage physical conditions and emotional struggles. The findings further suggest that these informal support systems function not only as practical sources of assistance but also as emotional and psychological anchors that help inmates endure incarceration.

The sub-themes that emerged from the data include: (1) institutional and officer-based support, (2) peer leadership and inmate solidarity, (3) family support as a source of strength, (4) spirituality and collective belonging, and (5) emotional guidance and emergency assistance.

One of the most significant findings of the study is the inmates' reliance on jail personnel and institutional authorities for health-related assistance. Since inmates have limited autonomy while incarcerated, they depend on officers and administrators to facilitate access to care and respond to emergencies.

✓ *This was Expressed by Inmate 1, who Stated:*
"NSPJ-PDL Officers and NSPJ admin."

✓ *Similarly, Inmate 3 shared:*
"Sa mga Jail officer."

These statements indicate that jail officers and administrators are viewed as primary sources of support whenever inmates experience health concerns. The findings suggest that correctional personnel are not merely authority figures responsible for maintaining order but are also perceived as facilitators of care and assistance. The dependence on officers reflects the structured nature of correctional institutions, where inmates cannot independently seek medical services or emergency interventions. Consequently, jail personnel become essential intermediaries between inmates and available health care resources.

The findings further imply that the responsiveness and attitude of officers significantly influence inmates' perceptions of safety and well-being. When inmates perceive officers as approachable and supportive, they may feel more confident in reporting illnesses and seeking assistance. This support may reduce feelings of helplessness and vulnerability commonly associated with incarceration. Moreover, the participants' recognition of institutional support suggests that correctional personnel play a dual role in both security management and humanitarian care. This highlights the importance of fostering compassionate and responsive relationships between inmates and jail staff to strengthen trust and improve health outcomes inside correctional facilities.

These findings are aligned with the study of Carda-Auten et al. (2022), who emphasized that correctional personnel and institutional coordination significantly influence inmates' access to health care and perceptions of support within jail settings. Similarly, Rosen et al. (2024) highlighted the critical role of correctional staff and health care personnel in facilitating timely medical response and health service delivery inside correctional facilities. The findings further support the work of Cassarino et al. (2023), who noted that inmates' trust in correctional personnel and institutional health systems significantly affects their willingness to seek medical assistance and participate in health-related interventions.

The findings also revealed that inmates rely on fellow inmates and peer leaders for support related to health concerns. Peer-based assistance emerged as an important component of inmates' coping experiences inside the jail facility.

✓ *This was Highlighted by Inmate 2, who Stated:*
"Mayor sa preso."

The "mayor sa preso" refers to an inmate leader who acts as an intermediary between inmates and jail authorities. This finding suggests that inmate leadership structures play a crucial role in facilitating communication, reporting concerns, and organizing support within the correctional environment.

The presence of peer leadership may help inmates navigate institutional systems more effectively. Since inmate leaders are often more accessible to fellow inmates, they become immediate points of contact whenever health-related issues arise.

✓ *In Addition, the Findings Reveal the Importance of Solidarity and Unity Among Inmates. Inmate 2 Further Shared:*
"Pagkakaisa parin, Activities, Rosary."

This statement demonstrates that inmates derive support not only from formal leadership roles but also from collective activities and shared experiences. Unity among inmates appears to foster emotional comfort, companionship, and mutual encouragement during difficult situations. The mention of "Rosary" also indicates that spiritual practices become communal activities that strengthen social bonds and emotional resilience. Participating in group activities and spiritual exercises may help inmates reduce loneliness, anxiety, and emotional distress associated with incarceration. The findings suggest that inmate solidarity functions as an informal support network that compensates for the emotional isolation of jail life. Shared activities and collective coping mechanisms provide inmates with a sense of belonging and social connection, which are important for psychological well-being.

These findings are consistent with the study of Gales et al. (2023), who observed that inmates commonly rely on peer relationships and shared experiences to cope with the emotional and social challenges of incarceration. Likewise, Saguran et al. (2023) emphasized the importance of inmate solidarity, companionship, and collective coping mechanisms within detention facilities. The findings also support the observations of Paclauna (2024), who highlighted that group activities and peer interactions help reduce emotional isolation and strengthen inmates' sense of belonging inside correctional facilities.

Another important finding of the study is the significant role of family members in supporting inmates' health and well-being. The participants emphasized that family support provides emotional, financial, and practical assistance during incarceration.

✓ *This was Expressed by Inmate 1, who Stated:*
"Moral and financial support."

✓ *Similarly, Inmate 3 shared:*
"May family agad na pumupunta doon."

These statements indicate that family members remain important sources of comfort and assistance despite physical separation caused by incarceration. Emotional support from family appears to help inmates maintain hope, motivation, and psychological stability during difficult times.

The mention of financial support is particularly significant because inmates may require resources for medicines, transportation during hospital referrals, or other health-related expenses. Thus, family assistance contributes not only to emotional well-being but also to practical health management. Moreover, the immediate presence of family during hospitalization or emergencies demonstrates the continuing connection between inmates and their loved ones outside the facility. Such support may lessen feelings of abandonment and reinforce inmates' sense of identity and belonging.

The findings further suggest that family involvement positively influences inmates' emotional resilience. Knowing that family members remain concerned about their welfare may reduce emotional distress and encourage inmates to continue coping with incarceration. This sub-theme highlights the importance of maintaining family communication and visitation opportunities within correctional settings. Family support serves as a stabilizing force that helps inmates endure both health-related challenges and the broader emotional burden of confinement.

These findings align with the study of Aquino et al. (2025), who emphasized that family support significantly influences inmates' emotional wellbeing, self-worth, and psychological adjustment during incarceration. Similarly, Sundaresk et al. (2021) highlighted the importance of family relationships in promoting emotional stability and overall well-being among incarcerated individuals. The findings further support the work of Ballaret (2025), who noted that continued family connection and emotional support help incarcerated individuals maintain hope, resilience, and psychological stability despite the hardships of confinement.

The findings reveal that spirituality and participation in collective activities serve as important sources of emotional and psychological support among inmates.

✓ *This was Reflected in the Statement of Inmate 2:*
"Pagkakaisa parin, Activities, Rosary."

The mention of the Rosary suggests that spiritual and religious practices provide comfort, hope, and emotional reassurance during incarceration. Engaging in prayer and communal religious activities may help inmates cope with fear, loneliness, uncertainty, and emotional suffering.

Spirituality appears to function as a coping resource that allows inmates to find meaning and emotional strength despite their circumstances. Religious activities may also foster inner peace, reflection, and emotional healing. In addition, collective participation in activities strengthens inmates' sense of belonging and social connectedness. Shared experiences create opportunities for emotional expression, companionship, and mutual encouragement.

The findings suggest that spirituality and communal involvement help reduce the emotional isolation associated with incarceration. These practices provide inmates with opportunities to maintain hope and emotional balance while living in a restrictive environment. This sub-theme highlights the importance of recognizing spiritual and social dimensions of inmate well-being. Correctional facilities that support spiritual programs and constructive group activities may contribute positively to inmates' mental and emotional health.

These findings are consistent with the study of Tesoro (2025), who reported that spirituality and religious practices serve as important coping mechanisms that provide emotional strength, hope, and resilience among incarcerated individuals. Likewise, Arquesola and Sabijon (2025) emphasized that spiritual reflection and collective participation in meaningful activities contribute positively to inmates' emotional healing and psychological well-being. The findings also support the observations of Mabborang (2025), who highlighted that social connectedness and participation in meaningful group activities help reduce emotional distress and psychological isolation among persons deprived of liberty.

Another important aspect of informal support identified in the study is the provision of emotional guidance and emergency assistance from peers and staff members.

This was Expressed by Inmate 4, who stated:

✓ *“Advice.”*

The statement suggests that inmates value emotional guidance and practical advice from peers or individuals within their social environment. Advice may serve as a source of encouragement, reassurance, and emotional comfort during times of stress or illness.

Incarceration often creates emotional vulnerability due to isolation, uncertainty, and restricted freedom. In such contexts, receiving guidance from others may help inmates process their emotions and maintain psychological stability.

Additionally, Emergency Support from jail Personnel Emerged as Another Important form of Assistance. Inmate 1 stated:

✓ *“Sila Ang Magkokontak Sa Ambulance.”*

This statement demonstrates that jail staff play an essential role during medical emergencies by facilitating immediate transportation and access to outside medical services. The findings suggest that emergency responsiveness significantly influences inmates' sense of security inside the facility. Knowing that assistance is available during critical situations may reduce fear and anxiety associated with illness. Furthermore, emotional guidance and emergency intervention reflect the broader role of interpersonal support in correctional settings. Beyond formal medical treatment, inmates value human responsiveness, empathy, and reassurance during vulnerable moments.

These findings are aligned with the study of Basilio (2022), who emphasized the importance of emotional support, counseling, and interpersonal guidance in helping persons deprived of liberty manage the psychological effects of incarceration. Similarly, Mabborang (2025) reported that emotional reassurance and supportive interactions contribute significantly to inmates' coping capacity and mental well-being. The findings further support the work of Rosen et al. (2024), who emphasized the importance of institutional responsiveness and emergency coordination systems in ensuring timely medical intervention within correctional facilities.

• *Synthesis*

The findings reveal that inmates rely heavily on informal support systems to manage their physical, emotional, and psychological well-being during incarceration, highlighting the vital role of interpersonal relationships alongside formal health services. Participants identified jail officers, administrators, inmate leaders, fellow inmates, family members, spiritual activities, and institutional personnel as essential sources of assistance, providing practical help, emotional reassurance, and a sense of security during illness and health emergencies. Correctional staff were viewed not only as authority figures but also as facilitators of medical access and emergency response, while inmate leaders and peer solidarity fostered communication, companionship, and mutual encouragement within the facility. Family support remained a significant source of emotional, financial, and practical assistance, reinforcing inmates' hope, resilience, and connection with life outside the correctional environment. Likewise, participation in spiritual practices and collective activities promoted emotional healing, reduced feelings of isolation, and strengthened social connectedness, while guidance, advice, and prompt emergency assistance from peers and jail personnel enhanced inmates' confidence and psychological stability. The findings demonstrate that informal support networks serve as indispensable resources that complement formal health care by fostering resilience, emotional well-being, and a greater sense of safety and belonging throughout the incarceration experience.

➤ *Proposed Program to Improve Inmates' Access to and Quality of Health Care Services During Incarceration.*

• *“Kalusugan Sa Loob” Program*

The proposed “Kalusugan Sa Loob” Program was developed directly from the findings of the study concerning inmates' lived experiences related to health problems, barriers to medical access, coping mechanisms, and informal support systems during incarceration. The proposed interventions are grounded on the themes “Living Through Illness Behind Bars,” “Barriers Behind the Walls,” “Strength in Survival,” and “Hands That Help Heal,” which collectively demonstrated that inmate health is shaped not only by physical illness but also by environmental conditions, institutional procedures, emotional distress, and social support systems.

The proposed program recognizes that correctional health care requires a holistic, preventive, responsive, and humane approach. Each component addresses specific gaps identified in the findings and seeks to improve both the accessibility and quality of health care services provided to incarcerated individuals.

The first component, Strengthened Medical Access and Response System, directly addresses the barriers identified in Theme 2 by improving the accessibility and responsiveness of health care services within the correctional facility. The program aims to minimize delays in treatment by establishing a 24/7 on-duty nurse system, streamlining medical reporting and referral procedures, simplifying health request documentation, developing emergency response protocols, and maintaining a monitoring system for inmate health requests. These interventions are expected to facilitate faster medical response, improve monitoring of health concerns, and increase inmates' confidence in the facility's health care system.

Recognizing that many illnesses are associated with environmental conditions and inadequate preventive measures, the Preventive and Environmental Health Program focuses on reducing the incidence of communicable and environment-related diseases. Guided by Themes 1 and 2, the program includes regular sanitation inspections, hygiene promotion campaigns, distribution of hygiene kits and vitamins, improvements in ventilation and sleeping areas, and seasonal disease prevention activities. These initiatives aim to create a healthier correctional environment while promoting disease prevention and improving overall inmate health.

To address the psychological and emotional challenges associated with illness and incarceration, the Mental Health and Psychosocial Support Program is proposed. Anchored on Themes 1 and 3, the program seeks to enhance inmates' emotional resilience by providing regular mental health education, individual and group counseling, stress management activities, peer-support groups, and spiritual wellness sessions. Through these interventions, inmates are expected to develop healthier coping strategies, reduce emotional distress, and improve their overall psychological well-being.

Complementing these efforts is the Wellness, Recreation, and Physical Fitness Program, which promotes healthy lifestyles and adaptive coping mechanisms through structured exercise programs, recreational activities, gardening projects, and nutrition education. As highlighted in Theme 3, physical activity serves not only as a means of improving physical fitness but also as an important strategy for reducing stress, strengthening resilience, and fostering positive mental health among incarcerated individuals.

In support of preventive health practices, the Health Education and Awareness Campaign aims to improve inmates' health literacy and encourage early health-seeking behavior. Based on Themes 1 and 3, this component includes regular health orientation sessions, communicable disease awareness campaigns, development of peer health educators, and dissemination of health information through posters and educational materials. The program is expected to increase health awareness, promote preventive self-care, and encourage timely reporting of symptoms.

The study likewise underscores the importance of maintaining supportive relationships beyond formal health services. Consequently, the Family and Community Health Support Linkages Program seeks to strengthen collaboration among families, local government units, hospitals, and community organizations in supporting inmates' health. Guided by Theme 4, the program promotes family visitation for health-related concerns, referral partnerships with health facilities, community outreach services, and teleconsultation initiatives. Strengthening these partnerships is expected to improve continuity of care, enhance emotional support, and facilitate access to specialized health services when necessary.

Finally, the Inmate Health Assistance and Peer Support Program addresses the institutional and psychological barriers identified in Themes 2, 3, and 4 by fostering a supportive and confidential environment for health communication. The program includes the training of inmate peer health coordinators, establishment of confidential health reporting mechanisms, regular health consultations, peer-support groups, and continuous program monitoring. These interventions aim to reduce hesitation in seeking medical assistance, improve communication between inmates and health personnel, and strengthen trust in the correctional health care system.

Therefore, the proposed intervention program adopts a holistic and multidisciplinary approach that integrates health promotion, disease prevention, timely medical response, psychosocial support, health education, family involvement, and institutional collaboration. Through the combined efforts of correctional administrators, health professionals, local government units, partner agencies, families, and the inmates themselves, the program is expected to promote a healthier correctional environment, improve access to quality health care services, strengthen inmates' resilience, and ultimately enhance the overall health and well-being of persons deprived of liberty.

Table 5 Proposed Program to Improve Inmates' Access to and Quality of Health Care Services During Incarceration

Relevant Theme	Rationale	General Objective	Specific Objectives	Methodology	Person / Office	Budget	Expected Outcomes
Theme 2: Barrier	Inmates experience delays in	To strengthen the	• Reduce delays in medical	• Establish a 24/7 on-duty	Jail Administration, Facility	Php 150,000–250,000	• Faster response to
s Behind the Walls	accessing health care due to administrative procedures, hierarchical reporting, and	accessibility, efficiency, and responsiveness of health care services within the correctional facility.	consultation and treatment • Improve emergency response mechanism s.	nurse system. • Fast-track medical reporting and referral procedures.	Nurse, BJMP Personnel, Municipal/ City Health Office	annually (nurse honorarium, emergency medicines, first-aid supplies, communication	medical concerns. • Reduced treatment delays. • Improved inmate

	institutional restrictions.		Enhance monitoring of inmates' health requests.	- Simplify medical request and referral forms. - Develop emergency response protocols. - Maintain a health request monitoring logbook and referral tracking system.		equipment, referral and transport expenses)	- satisfaction with health services. - Better documentation and monitoring of medical requests.
Themes 1 & 2: Living Through Illness Behind Bars; Barriers Behind the Walls	Common illnesses are associated with overcrowding, sanitation, environmental conditions, and inadequate preventive measures.	To minimize the occurrence and spread of preventable illnesses within the correctional facility.	- Improve environmental sanitation and hygiene. - Promote preventive health practices. - Strengthen disease surveillance and prevention.	- Conduct weekly sanitation inspections. - Implement hygiene awareness campaigns. - Distribute hygiene kits and vitamins. - Improve ventilation and sleeping areas. - Conduct seasonal disease prevention campaigns and health surveillance.	Jail Administration, Health Personnel, LGU Health Office, Sanitation Officers	Php 100,000–180,000 annually (hygiene kits, cleaning supplies, vitamins, ventilation improvements, IEC materials)	- Reduced incidence of communicable diseases and skin infections. - Improved environmental sanitation. - Increased compliance with hygiene practices.
				prevention campaigns and health surveillance.			
Themes 1 & 3: Living Through Illness Behind Bars; Strength in Survival	Inmates experience emotional distress and psychological challenges while coping with illness and incarceration.	To promote psychological well-being and strengthen inmates' emotional resilience.	- Improve access to psychosocial support services. - Reduce emotional distress and anxiety. - Strengthen positive coping skills.	- Conduct monthly mental health education sessions. - Provide individual and group counseling. - Organize stress management workshops. - Establish peer support circles.	Psychologists, Guidance Counselors, Religious Organizations, BJMP Personnel	Php 80,000–150,000 annually (professional fees, training materials, wellness supplies, activity expenses)	- Improved emotional well-being. - Reduced stress and anxiety. - Increased utilization of psychosocial support services.

				Facilitate spiritual reflection and wellness activities.			
Theme 3: Strength in Survival	Physical activity and healthy lifestyles serve as important coping mechanisms that promote resilience and overall well-being.	To improve inmates' physical health and adaptive coping through structured wellness activities.	- Increase participation in regular physical activities. - Promote healthy lifestyles and nutrition. - Encourage positive coping behaviors.	- Conduct structured exercise and Army Dozen sessions. - Organize recreational sports and wellness activities. Establish gardening and therapeutic recreation projects.	BJMP Personnel, Fitness Volunteers, Health Personnel	Php 70,000–120,000 annually (sports equipment, gardening tools, nutrition materials, wellness supplies)	- Increased physical fitness. - Improved coping and resilience. - Greater participation in wellness activities.
				Conduct nutrition and healthy lifestyle seminars.			
Themes 1 & 3: Living Through Illness Behind Bars; Strength in Survival	Many illnesses can be prevented through health education, early reporting, and self-care practices.	To improve inmates' health literacy and encourage proactive healthseeking behavior.	- Increase awareness of common diseases and preventive practices. - Encourage early reporting of symptoms. - Develop inmate peer health advocates.	- Conduct regular health orientation sessions. - Implement communicable disease awareness campaigns. - Develop a Peer Health Educator Program. - Install educational posters and health information boards.	Nurses, BJMP Personnel, Peer Health Educators	Php 40,000–80,000 annually (IEC materials, audiovisual resources, seminar supplies, peer educator training)	- Increased health knowledge. - Earlier reporting of illness. - Improved preventive self-care practices.
Theme 4: Hands That Help Heal	Family, community, and institutional support strengthen inmates' recovery and emotional well-being.	To strengthen family and community partnerships in supporting inmates' health and continuity of care.	- Enhance family participation in health support. - Strengthen referral linkages	- Coordinate family health visitation programs. - Establish referral partnerships with hospitals and rural health units.	Families, LGU Health Office, Hospitals, NGOs, Jail Administration	Php 60,000–100,000 annually (transportation, referral assistance, teleconsultation, outreach materials, coordination expenses)	- Stronger family involvement. - Improved continuity of health care. - Expanded community

			with health institutions. • Improve continuity of care after referrals.	• Organize community health outreach missions.			support network.
				• Implement teleconsultation services with partner facilities.			
Themes 2, 3 & 4: Barriers Behind the Walls; Strength in Survival; Hands That Help Heal	Some inmates hesitate to report illness because of fear, embarrassment, and lack of confidence in available support systems.	To establish a supportive and confidential inmate health assistance system.	• Improve communication between inmates and health personnel. • Encourage confidential reporting of health concerns. • Strengthen peer support for vulnerable inmates.	• Train inmate peer health coordinators. • Establish confidential reporting channels and suggestion boxes. • Conduct monthly health consultations. • Organize support groups for vulnerable inmates. • Monitor program implementation regularly.	Peer Health Coordinators, Nurses, BJMP Personnel, Jail Administration	Php 30,000–60,000 annually (training materials, confidential reporting tools, consultation materials, monitoring supplies)	• Increased confidence in seeking medical assistance. • Higher reporting of health concerns. • Stronger peer support and improved inmate trust in health services.

CHAPTER FOUR

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of the major findings, the conclusions drawn from the study, and the recommendations based on the results. It highlights the participants' experiences and perceptions regarding health care services in jail, identifies the challenges affecting health care access, and provides recommendations to improve the quality, accessibility, and responsiveness of correctional health services for persons deprived of liberty.

➤ *Summary of Findings*

The following are the key findings of the study:

The findings under Theme 1, "Living Through Illness Behind Bars," revealed that inmates commonly experienced minor yet recurring illnesses such as stomach ache, skin diseases, and flu-like symptoms during incarceration. These health problems were closely associated with environmental conditions inside the correctional facility, including overcrowding, inadequate ventilation, weather exposure, and limited control over physical surroundings. The findings further showed that prompt medical attention helped prevent illnesses from worsening, highlighting the importance of responsive health care systems within the jail setting. Despite the challenges of confinement, inmates gradually adapted to the jail environment through physical, behavioral, and psychological adjustments; however, worsening health conditions still produced emotional distress, anxiety, and psychological strain.

The findings under Theme 2, "Barriers Behind the Walls," revealed that inmates encountered multiple institutional, procedural, legal, communicative, and psychological barriers in accessing health care services during incarceration. Although medical services were available inside the correctional facility, inmates remained dependent on hierarchical reporting systems, administrative approval, and jail personnel before receiving treatment. Bureaucratic procedures, paperwork requirements, and institutional restrictions on external medical consultations further delayed access to care and limited inmates' autonomy over their health decisions. In addition, some inmates hesitated to communicate their illnesses due to embarrassment, fear of judgment, or previous experiences of delayed response, resulting in untreated or worsening conditions.

The findings revealed that inmates experienced significant institutional, procedural, legal, and psychological challenges in accessing health care services during incarceration. Although medical services were available within the correctional facility, the process of obtaining treatment remained highly dependent on hierarchical reporting systems, administrative procedures, and institutional approval. Inmates perceived health care not as an immediately accessible right but as a regulated privilege controlled by correctional policies and authority structures. Bureaucratic delays, paperwork requirements, and restrictions on external medical consultations contributed to feelings of dependency, helplessness, and frustration, while hesitation in communicating illness due to embarrassment, fear, or lack of privacy further delayed treatment-seeking behaviors.

The findings under Theme 3, "Strength in Survival," revealed that inmates employed various coping mechanisms to manage their physical, emotional, and psychological health concerns during incarceration. Despite the hardships and limitations of confinement, inmates actively engaged in self-care practices such as maintaining proper diet, exercising regularly, taking medications and vitamins, practicing hygiene, and participating in wellness activities to preserve their wellbeing. Exercise emerged as a significant coping strategy that promoted both physical strength and mental resilience, while emotional diversion and distraction helped inmates manage stress, anxiety, and overthinking related to their confinement and legal cases. These coping strategies demonstrated the inmates' resilience and active efforts to maintain stability and well-being despite the challenges of incarceration.

The findings under Theme 4, "Hands That Help Heal," revealed that inmates relied heavily on informal support systems to manage their health concerns during incarceration. The study showed that inmates depended on support from jail officers, inmate leaders, fellow inmates, family members, and spiritual activities for emotional reassurance, guidance, practical assistance, and emergency response. These interpersonal and institutional support systems significantly contributed to inmates' sense of security, belonging, emotional stability, and ability to endure the physical and emotional challenges associated with confinement.

The proposed "Kalusugan Sa Loob" Program was developed based on the findings of the study to improve inmates' access to and quality of health care services during incarceration through a holistic, preventive, responsive, and humane approach. The program includes components such as the Strengthened Medical Access and Response System, Preventive and Environmental Health Program, Mental Health and Psychosocial Support Program, Wellness and Physical Fitness Program, Health Education and Awareness Campaign, Family and Community Health Support Linkages, and Inmate Health Assistance and Peer Support Program. These interventions were designed to address the identified challenges experienced by inmates, including delayed medical response, bureaucratic barriers, environmental health risks, emotional distress, limited communication of illness, and dependence on institutional and social support systems. The proposed program further emphasized the importance of immediate medical attention, preventive health practices, psychosocial support, exercise, health education, family involvement, and peer assistance in promoting inmates' physical, emotional, and psychological well-being.

➤ *Conclusions*

Based on the findings of the study, the following conclusions are drawn:

Inmates' health conditions during incarceration were significantly influenced by environmental, institutional, and psychosocial factors within the correctional setting. Recurring illnesses such as stomach ache, skin diseases, and flu-like symptoms were closely associated with overcrowding, inadequate ventilation, exposure to unfavorable environmental conditions, and limited control over physical surroundings. Moreover, the progression of illness adversely affected inmates' emotional and psychological well-being, resulting in anxiety, distress, and emotional strain.

Inmates encountered substantial barriers in accessing health care services during incarceration. Institutional procedures, hierarchical reporting systems, bureaucratic requirements, legal restrictions, and communication-related challenges collectively impeded timely access to medical attention and diminished inmates' autonomy in addressing their health concerns. These barriers contributed to delays in treatment and, in certain instances, exacerbated existing health conditions.

Health care services within the correctional facility were perceived not as an immediately accessible right, but as a highly regulated process dependent on institutional approval and administrative authority. Such perceptions fostered feelings of dependency, helplessness, frustration, and reluctance to seek medical assistance, particularly among inmates who experienced fear of embarrassment, judgment, or delayed response from authorities.

Despite the adverse conditions associated with incarceration, inmates exhibited resilience through the utilization of various coping mechanisms aimed at preserving their physical, emotional, and psychological well-being. These coping strategies included engagement in physical exercise, adherence to self-care practices, participation in wellness activities, medication intake, and the use of emotional diversion techniques to manage stress, anxiety, and the psychological burden of confinement.

Informal support systems played a critical role in helping inmates manage health-related concerns during incarceration. Support provided by jail personnel, inmate leaders, fellow inmates, family members, and spiritual activities significantly contributed to inmates' emotional stability, sense of belonging, psychological resilience, and overall capacity to cope with the challenges of confinement.

The proposed “Kalusugan Sa Loob” Program constitutes an appropriate and necessary intervention for enhancing the accessibility, responsiveness, and overall quality of health care services within correctional facilities. Through its holistic, preventive, and humane framework—which integrates strengthened medical response systems, environmental health initiatives, psychosocial support, wellness programs, health education, family involvement, and peer support mechanisms—the program has the potential to substantially improve the physical, emotional, and psychological well-being of incarcerated individuals.

➤ *Recommendations*

Based on the findings and conclusions of the study, the following recommendations are proposed:

- To address the findings in Theme 1, correctional facility administrators should strengthen preventive health programs by improving sanitation, ventilation, nutrition, hygiene promotion, and routine health screening to reduce the occurrence of common illnesses and address both the physical and emotional health needs of inmates through integrated medical and mental health services.
- To address the findings in Theme 2, correctional facilities should streamline health care access by simplifying reporting and referral procedures, minimizing unnecessary administrative delays, establishing clear protocols for urgent medical cases, and fostering an environment that encourages inmates to report health concerns without fear, embarrassment, or stigma.
- To address the findings in Theme 3, correctional administrators should expand wellness initiatives by providing structured physical fitness programs, health education, mental health promotion activities, and adequate access to medications, vitamins, and preventive health resources that empower inmates to actively maintain their physical and psychological well-being.
- To address the findings in Theme 4, correctional facilities should strengthen formal and informal support systems by enhancing the capacity of jail personnel, peer leaders, family engagement programs, spiritual services, and psychosocial support activities to promote timely assistance, emotional resilience, and holistic health among incarcerated individuals.

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APPENDIX

APPENDIX A

A LETTER TO THE DEAN OF GRADUATE SCHOOL

April 20, 2026

ATTY. JOAQUIN R. ALVA, PhD

Dean, Graduate School

Philippine College of Criminology

641 Sales St., Sta Cruz, Manila

Dear Dean Alva:

The Undersigned is a student of Doctor of Philosophy in Criminology and is currently writing a dissertation entitled “PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL”. I had my dissertation proposal defense last March 23, 2026.

In this regard, may I ask permission from your office to commence the data gathering. Upon the approval of your office of this letter, I will make a letter to the concerned key personalities to coordinate the data gathering.

Thank you.

Respectfully yours,


JACOB CHINO ERANZUELA MEIMBAN
Researcher

Noted by:

DR. AMBROSIO P. DETRAN, JR. Adviser
Approved:

ATTY. JOAQUIN R. ALVA, PhD
Dean

APPENDIX B

LETTER TO THE HEAD OF THE PARTICIPATING AGENCY

April 20, 2026

EnP JAY KEENSON C. ACEBUCHE

OIC, Provincial Warden

Northern Samar Provincial Jail

Brgy. Dancalan, Bobon Northern Samar

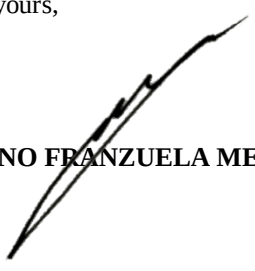
Dear OIC Warden Acebuche:

The Undersigned is a student of Doctor of Philosophy in Criminology and is currently writing a dissertation entitled “PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL”. This study seeks to explore and understand the lived experiences of inmates in relation to their health conditions while incarcerated.

Relative to this, may I ask permission from your good office for me to administer the questionnaires and conduct interviews with selected personnel. Rest assured that I will abide by the rules of ethics of research and bound by the rules of confidentiality as I gather the data. I will furnish you with a copy of my research after my final defense.

Thank you.

Respectfully yours,


JACOB CHINO FRANZUELA MEIMBAN
Researcher

Noted by:

DR. AMBROSIO P. DETRAN, JR.
Adviser

Approved:

ATTY. JOAQUIN R. ALVA, PhD
Dean

APPENDIX C

LETTER TO THE RESEARCH PARTICIPANTS

April 20, 2026

Dear RESPONDENT:

The Undersigned is a student of Doctor of Philosophy in Criminology and is currently writing a dissertation entitled “PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL”. This study seeks to explore and understand the lived experiences of inmates in relation to their health conditions while incarcerated.

In this regard, may I request you to answer the attached questionnaire/interview guide questions about my study. Rest assured that the data collected will be used solely for this research without compromising the confidentiality and integrity of the agency you represent.

You have the right to refuse to participate in this research study. Also, you have the right to withdraw the information you provided to the researcher. Should you want to withdraw, you can email the researcher at drchinomeimban@yahoo.com.

Thank you.

Respectfully yours,



JACOB CHINO FRANZUELA MEIMBAN
Researcher

Noted by:

DR. AMBROSIO P. DETRAN, JR.
Adviser

Approved:

ATTY. JOAQUIN R. ALVA, PhD
Dean

APPENDIX D

LETTER TO THE TOOL VALIDATOR

April 15, 2026

EnP JAY KEENSON C. ACEBUCHE

OIC, Provincial Warden

Northern Samar Provincial Jail

Brgy. Dancalan, Bobon Northern Samar

Dear OIC Warden Acebuche:

The Undersigned is a student of Doctor of Philosophy in Criminology and is currently writing a dissertation entitled “PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL”. This study seeks to explore and understand the lived experiences of inmates in relation to their health conditions while incarcerated.

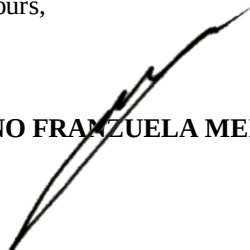
Considering your expertise about the study, the Undersigned is seeking your assistance to serve as validator of the research instrument to be used.

Please check the attached instrument.

Thank you.

Respectfully yours,

JACOB CHINO FRANZUELA MEIMBAN
Researcher



Noted by:

DR. AMBROSIO P. DETRAN, JR.
Adviser

Approved:

ATTY. JOAQUIN R. ALVA, PhD
Dean

LETTER TO THE TOOL VALIDATOR

April 15, 2026

JOSE JESS B. JIMENEZ, RCrim., LPT., Ph.D. Crim. (C)

School President

Eastern Visayas Central Colleges Brgy. Dalakit, Catarman, Northern Samar

Dear Pres. Jimenez:

The Undersigned is a student of Doctor of Philosophy in Criminology and is currently writing a dissertation entitled “PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL”. This study seeks to explore and understand the lived experiences of inmates in relation to their health conditions while incarcerated.

Considering your expertise about the study, the Undersigned is seeking your assistance to serve as validator of the research instrument to be used.

Please check the attached instrument.

Thank you.

Respectfully yours,

JACOB CHINO FRANZUELA MEIMBAN
Researcher



Noted by:

DR. AMBROSIO P. DETRAN, JR.
Adviser

Approved:

ATTY. JOAQUIN R. ALVA, PhD
Dean

LETTER TO THE TOOL VALIDATOR

April 15, 2026

RANEL A. MAGLENTE, RCrim., LPT., Ph.D. Crim. (C)

Program Head, College of Criminal Justice Education

Eastern Visayas Central Colleges Brgy. Dalakit, Catarman, Northern Samar

Dear Mr. Maglente:

The Undersigned is a student of Doctor of Philosophy in Criminology and is currently writing a dissertation entitled “PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL”. This study seeks to explore and understand the lived experiences of inmates in relation to their health conditions while incarcerated.

Considering your expertise about the study, the Undersigned is seeking your assistance to serve as validator of the research instrument to be used.

Please check the attached instrument.

Thank you.

Respectfully yours,

JACOB CHINO FRANZUELA MEIMBAN

Researcher



Noted by:

DR. AMBROSIO P. DETRAN, JR.

Adviser

Approved:

ATTY. JOAQUIN R. ALVA, PhD

Dean

APPENDIX E

RESEARCH INSTRUMENT

➤ Introduction

Good day. I am conducting a study to understand the experiences of inmates regarding their health and access to health care services during incarceration. Your participation is voluntary, and all information you share will be kept confidential. There are no right or wrong answers—what matters is your honest experience.

May I proceed with the interview?

➤ Warm-Up Questions (*Rapport Building*)

- Can you briefly describe yourself (e.g., age, length of stay in this facility)?
- How would you describe your overall health before your incarceration?

➤ Core Questions

• *Nature and Progression of Health Problems*

- ✓ Can you describe any health problems you have experienced while in jail?
- ✓ How did these health problems begin?
- ✓ How have these health conditions changed or progressed over time?
- ✓ What factors do you think contributed to the improvement or worsening of your condition?

▪ *Probing Questions:*

- ✚ Can you give an example?
- ✚ How did that make you feel?
- ✚ What happened next?

• *Challenges in Seeking Medical Attention*

- ✓ What steps do you usually take when you need medical attention?
- ✓ Can you describe your experience when trying to access medical services here?
- ✓ What difficulties or challenges have you encountered in getting treatment?
- ✓ Have there been times when you needed care but were unable to receive it? What happened?

▪ *Probing Questions:*

- ✚ Can you give an example?
- ✚ How did that make you feel?
- ✚ What happened next?

• *Experiences and Interpretation of Access Barriers*

- ✓ How do you feel about the health care services provided in this facility?
- ✓ In your opinion, what are the main reasons why inmates face difficulties in accessing health care?
- ✓ How do these challenges affect you physically, emotionally, or mentally?
- ✓ What does “access to health care” mean to you in your current situation?

▪ *Probing Questions:*

- ✚ Can you explain further?
- ✚ Why do you think that happens?

• *Coping Mechanisms*

- ✓ How do you manage your health problems while staying in jail?
- ✓ What do you usually do when your condition worsens?

✓ Are there any personal strategies or routines you follow to stay healthy?

▪ *Probing Questions:*

✚ What works best for you?

✚ What challenges do you face when coping?

• *Informal Support Systems*

✓ Who do you turn to when you have health-related concerns?

✓ How do fellow inmates help you, if at all?

✓ Do your family members provide any form of support related to your health? How?

✓ How do jail staff assist you in addressing your health concerns?

▪ *Probing Questions:*

✚ Can you share a specific experience?

✚ How important is this support to you?

➤ *Closing Questions*

• What improvements would you suggest to improve health care services in this facility?

• Is there anything else you would like to share about your health experiences while incarcerated?

➤ *Closing Statement*

Thank you very much for sharing your experiences. Your responses are valuable and will contribute to improving health care services for inmates.

APPENDIX F**CERTIFICATION BY THE TOOL VALIDATOR**

This is to certify that I have reviewed and validated the tools used in the conduct of the dissertation:

Title	PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL
Author	JACOB CHINO FRANZUELA MEIMBAN
Program	DOCTOR OF PHILOSOPHY IN CRIMINOLOGY
Adviser	DR. AMBROSIO P. DETRAN, JR.
Institution	PHILIPPINE COLLEGE OF CRIMINOLOGY

The Undersigned certifies that the instrument in the study was carefully evaluated and validated. The Undersigned ensured that the items are reliable and valid measures of the constructs they were intended to measure, the questions are clear, concise, and easy to understand for the target population.

Issued this 15th day of April 2026 at Catarman Northern Samar.

Sgd.

EnP JAY KEENSON C. ACEBUCHE

OIC, NSPJ Provincial Warden Tool Validator

➤ *Certification by the Tool Validator*

This is to certify that I have reviewed and validated the tools used in the conduct of the dissertation:

Title	PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL
Author	JACOB CHINO FRANZUELA MEIMBAN
Program	DOCTOR OF PHILOSOPHY IN CRIMINOLOGY
Adviser	DR. AMBROSIO P. DETRAN, JR.
Institution	PHILIPPINE COLLEGE OF CRIMINOLOGY

The Undersigned certifies that the instrument in the study was carefully evaluated and validated. The Undersigned ensured that the items are reliable and valid measures of the constructs they were intended to measure, the questions are clear, concise, and easy to understand for the target population.

Issued this 15th day of April 2026 at Catarman Northern Samar.

Sgd.

JOSE JESS B. JIMENEZ, RCrim., LPT., Ph.D. Crim. (C)

School President

Tool Validator

➤ *Certification by the Tool Validator*

This is to certify that I have reviewed and validated the tools used in the conduct of the dissertation:

Title	PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL
Author	JACOB CHINO FRANZUELA MEIMBAN
Program	DOCTOR OF PHILOSOPHY IN CRIMINOLOGY
Adviser	DR. AMBROSIO P. DETRAN, JR.
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The Undersigned certifies that the instrument in the study was carefully evaluated and validated. The Undersigned ensured that the items are reliable and valid measures of the constructs they were intended to measure, the questions are clear, concise, and easy to understand for the target population.

Issued this 15th day of April 2026 at Catarman Northern Samar.

Sgd.

RANEL A. MAGLENTE, RCrim., LPT., Ph.D. Crim. (C)

Program Head, College of Criminal Justice Education Tool Validator

APPENDIX G**INFORMED CONSENT FORM****➤ Introduction.**

You are invited to participate in this research study with the details provided in the table. Your participation is voluntary, and you are free to withdraw at any time without penalty. This form explains the nature of the study and the procedures that will be followed. Please read this form carefully and ask any questions you may have before deciding whether or not to participate.

Title	PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL
Author	JACOB CHINO FRANZUELA MEIMBAN
Program	DOCTOR OF PHILOSOPHY IN CRIMINOLOGY
Adviser	DR. AMBROSIO P. DETRAN, JR.
Institution	PHILIPPINE COLLEGE OF CRIMINOLOGY

➤ Confidentiality.

All answers that you will provide the researcher will be treated with utmost confidentiality. Your responses will be used for this study only. The data shall be destroyed by the researcher after the study is completed and defended.

➤ Voluntary Participation.

Participation in this study is voluntary. You have the right to withdraw from the study at any time without penalty. Refusal to participate or withdrawal from the study is allowed.

➤ Contact Information.

If you have any questions about the study, please feel free to contact the author drchinomeimban@yahoo.com or adviser ambrosio.detrان@pccr.edu.ph named above.

➤ Consent.

I have read and understood the above information and have been given the opportunity to consider and ask questions regarding my involvement in this study. I have spoken directly to the author of this study who answered to my satisfaction all my questions. I have received a copy of this Participant's Information and Informed Consent Form. I hereby voluntarily agree to participate in this study.

Sgd.**PETER PAUL D. SORIANO**

APPENDIX H**CERTIFICATION BY THE ENGLISH GRAMMAR EDITOR**

This is to certify that the manuscript has been edited by the undersigned. The following issues have been corrected: grammar and syntax, spelling and word choice, punctuation, clarity and coherence, conciseness, sentence structure, style and tone, and phrasing.

Title	PREVAILING HEALTH ISSUES OF INMATES AT NORTHERN SAMAR PROVINCIAL JAIL
Author	JACOB CHINO FRANZUELA MEIMBAN
Program	DOCTOR OF PHILOSOPHY IN CRIMINOLOGY
Adviser	DR. AMBROSIO P. DETRAN, JR.
Institution	PHILIPPINE COLLEGE OF CRIMINOLOGY

Issued this 25th day of May 2025 at Catarman Northern Samar.

Sgd.

JUNAH JOY P. ADRLAES, LPT, MAED-Lit.

English Instructor, EVCC Editor

APPENDIX I

RESEARCH PHOTO DOCUMENTATION



APPENDIX L**THEMATIC MAP**

Significant Statements	Codes	Themes
Inmate 2: “Stomach ache.”	Minor illness	Living Through Illness Behind Bars
Inmate 3: “Ang nakikita ko lang na kadalasang sakit, skin disease.”	Skin disease	Living Through Illness Behind Bars
Inmate 4: “Simple trangkaso.”	Flu/common illness	Living Through Illness Behind Bars
Inmate 2: “Siguro dahil sa dala ng panahon lalo na kung malamig.”	Weather-related illness	Living Through Illness Behind Bars
Inmate 2: “Wala naman dahil nawawala agad dahil naasikaso.”	Immediate treatment	Living Through Illness Behind Bars
Inmate 4: “Hinde nag worsen, naka adapt sa environment.”	Adaptation to jail environment	Living Through Illness Behind Bars
Inmate 4: “Side effect sa emotion if worsen.”	Emotional impact of illness	Living Through Illness Behind Bars
Inmate 2: “Una ipapaalam sa mayor ng preso tapos sa admin.”	Multi-step reporting process	Barriers Behind the Walls
Inmate 3: “Pina paalam namen sa mga PDL officer and Jail officer.”	Dependence on officers	Barriers Behind the Walls
Inmate 2: “Dati medyo mahirap dahil maraming proseso.”	Delayed medical processing	Barriers Behind the Walls
Inmate 3: “Mahirap ang pag release ng may sakit kailangan pa ng papers.”	Paperwork requirements	Barriers Behind the Walls
Inmate 4: “Dati matagal humihingi ng papel.”	Administrative delay	Barriers Behind the Walls
Inmate 1: “Kailangan ng court order para makapag-pacheck up.”	Court order limitation	Barriers Behind the Walls
Inmate 4: “Nahihiya magsabi.”	Hesitation to communicate illness	Barriers Behind the Walls

Significant Statements	Codes	Themes
Inmate 1: “Healthy diet, exercise.”	Healthy lifestyle	Strength in Survival
Inmate 2: “Uminom ng gamot dahil marami naman available.”	Medication compliance	Strength in Survival
Inmate 3: “Lagi lang ako nag papalakas like exercise ng Army Dozen.”	Regular exercise	Strength in Survival
Inmate 4: “Activities provided by the provincial jail, vitamins.”	Participation in wellness activities	Strength in Survival
Inmate 3: “Nililibang ko lang ang sarili ko para hinde ko maisip ang kaso ko.”	Self-distraction	Strength in Survival
Inmate 4: “Nagpapawis, nag exercise hinde pinapahina ang pag iisip.”	Mental resilience through activity	Strength in Survival
Inmate 4: “Hygiene, exercise, vitamins.”	Preventive self-care	Strength in Survival
Inmate 1: “NSPJ-PDL Officers and NSPJ admin.”	Institutional support	Hands That Help Heal
Inmate 2: “Mayor sa preso.”	Peer leadership support	Hands That Help Heal
Inmate 3: “Sa mga Jail officer.”	Jail officer assistance	Hands That Help Heal
Inmate 1: “Moral and financial support.”	Family assistance	Hands That Help Heal
Inmate 2: “Pagkakaisa parin, Activities, Rosary.”	Unity and spirituality	Hands That Help Heal
Inmate 4: “Advice.”	Emotional guidance from peers	Hands That Help Heal
Inmate 3: “May family agad na pumupunta doon.”	Family visitation/support	Hands That Help Heal
Inmate 1: “Sila ang magkokontak sa ambulance.”	Emergency assistance from staff	Hands That Help Heal