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CONGESTION AND REHABILITATION OUTCOMES: ASSESSING RA 10575 COMPLIANCE AT CORRECTIONAL INSTITUTION FOR WOMEN MANDALUYONG

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ABSTRACT

Institutional congestion can constrain correctional services even when rehabilitation and statutory compliance mechanisms remain operational. This study assessed the compliance of the Correctional Institution for Women in Mandaluyong City with Republic Act No. 10575 in relation to congestion and rehabilitation outcomes. Using an explanatory sequential mixed-methods design, the study involved 350 respondents comprising 320 women Persons Deprived of Liberty and 30 Bureau of Corrections officers. Quantitative data were analyzed using weighted means and Pearson product-moment correlation, followed by thematic analysis of written responses from 15 purposively selected participants. Findings showed that the institution was Congested across all five dimensions (M = 2.18–2.40), while rehabilitation programs were Highly Implemented (M = 3.30–3.39) and Highly Effective (M = 3.37–3.40). Compliance with Republic Act No. 10575 was Highly Compliant (M = 3.25–3.38), and its adequacy was Very Adequate (M = 3.36–3.40). Of 25 congestion–rehabilitation relationships, 21 were statistically significant. Qualitative findings identified persistent constraints involving space, facilities, personnel, funding, equipment, technology, health services, and program access. The findings indicate that favorable rehabilitation and compliance assessments can coexist with substantial operational constraints. The study contributes empirical evidence on correctional performance under congestion and provides a basis for a Correctional Institution for Women Congestion Management and Rehabilitation Enhancement Program focused on decongestion, resource strengthening, service accessibility, gender-responsive rehabilitation, and continuous monitoring.

KEYWORDS: *Congestion, Rehabilitation Outcomes, Republic Act No. 10575, Correctional Institution For Women, Women Persons Deprived Of Liberty*

INTRODUCTION

Correctional congestion is not merely a problem of population size; it is an institutional condition that can affect living conditions, service capacity, rehabilitation delivery, and compliance with correctional mandates. Prisons in developing countries face interconnected challenges involving overcrowding, inadequate sanitation, insufficient health care, limited correctional resources, and human-rights concerns, highlighting the need for comprehensive correctional reform (Montealegre & Pineda, 2022). In the Philippines, these concerns are particularly evident at the Correctional Institution for Women (CIW) Mandaluyong. Designed for approximately 800 inmates but reportedly accommodating more than 3,100, CIW operates under substantial population pressure (Bureau of Corrections, 2022). Such congestion may constrain living space, basic and health services, institutional resources, and rehabilitation opportunities.

The effects of congestion extend beyond physical capacity. Overcrowded correctional environments may increase institutional pressure, intensify personnel workloads, strain resources, and restrict access to educational, livelihood, psychosocial, recreational, and health services. In the Philippine context, drug-related convictions, delays in the criminal justice process, limited facilities, and insufficient resources have contributed to persistent congestion and continuing reform efforts (Respicio, 2025). CIW also faces resource constraints that may limit gender-sensitive programming, mental-health support, specialized medical care, and comprehensive rehabilitation services (Alipoyo, 2022). The need for gender-responsive correctional practice further emphasizes continuous personnel training and services that address the specific needs of women PDLs (Fleming & Upton, 2021).

Women PDLs require particular attention because rehabilitation may involve gender-specific health, psychosocial, educational, livelihood, family, and reintegration needs. Congestion may affect privacy, movement, sanitation, health-care access, program scheduling, and participation in rehabilitation. These conditions are especially consequential when programs depend on limited facilities, equipment, activity spaces, instructors, health personnel, and institutional resources.

Republic Act No. 10575, or the Bureau of Corrections Act of 2013, provides the principal legal framework for correctional rehabilitation in the Philippines. It mandates reformation programs encompassing basic education, vocational training, psychological support, moral and spiritual development, and other interventions that facilitate rehabilitation and reintegration. Complementing this domestic framework, the United Nations Standard Minimum Rules for the Treatment of

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Prisoners, or the Mandela Rules, establish international standards concerning humane treatment, adequate living conditions, health care, education, vocational training, and rehabilitation. Congestion may challenge the practical fulfillment of these requirements by placing sustained pressure on institutional capacity.

International evidence identifies overcrowding as a persistent correctional concern. The United Nations Office on Drugs and Crime (2021) reported severe prison overcrowding across numerous countries and associated it with deteriorating living conditions, health concerns, limited services, and reduced rehabilitative opportunities. Rehabilitation-oriented correctional systems likewise demonstrate the importance of adequate space, education, vocational development, psychosocial support, recreation, and reintegration preparation. However, much of the literature focuses on general prison populations and broader correctional systems, providing limited evidence on women PDLs in developing-country settings, particularly regarding gender-responsive rehabilitation and reintegration.

Philippine studies and institutional reports similarly document overcrowding, resource limitations, health-service concerns, and rehabilitation challenges. However, limited empirical evidence integrates congestion, rehabilitation-program implementation, rehabilitation outcomes, and compliance with Republic Act No. 10575 within a single women's correctional institution. In particular, insufficient attention has been given to how population density, dormitory-space allocation, facility-capacity utilization, access to basic services, and health-service availability relate to rehabilitation outcomes involving behavioral improvement, skills acquisition, educational attainment, emotional and psychosocial well-being, and readiness for social integration.

This gap is particularly relevant to CIW Mandaluyong. Although the institution reportedly operates beyond its intended capacity, limited empirical evidence explains how congestion is manifested across specific institutional dimensions and how these conditions relate to rehabilitation outcomes and perceived compliance with Republic Act No. 10575. This empirical, relational, and contextual gap warrants a focused investigation of women PDLs within the actual institutional setting.

Accordingly, this study examined institutional congestion, rehabilitation-program implementation, perceived compliance with Republic Act No. 10575, and rehabilitation outcomes at CIW Mandaluyong. Specifically, it assessed the level of congestion, implementation and effectiveness of rehabilitation programs, perceived compliance and adequacy of compliance, and the relationships between congestion indicators and rehabilitation outcomes. It also identified institutional challenges encountered in achieving compliance.

Literature Review

International evidence consistently associates overcrowding with constraints on rehabilitation. The United Nations Office on Drugs and Crime (2025) reported that overcrowding limits correctional facilities' capacity to provide rehabilitation because of inadequate programming space, facilities, resources, and qualified personnel. The Bureau of Justice Statistics (2020) likewise reported higher levels of violence and misconduct in overcrowded U.S. correctional facilities, conditions that may interfere with educational, vocational, and capacity-building programs. These findings suggest that population pressure can affect both institutional stability and rehabilitative capacity.

The effects extend to psychological and health outcomes. Schuck (2020) associated overcrowded conditions with depression, anxiety, and stress and argued that inadequate living and working space can constrain opportunities for rehabilitation. Aon et al. (2025) similarly identified overcrowding as a barrier to health-service access and noted its implications for mental and physical health. Penal Reform International (2021) further characterized overcrowding as a major obstacle to meaningful participation in rehabilitation programs.

Evidence from rehabilitation-oriented systems reinforces these concerns. Eriksson et al. (2021) found that congestion in Scandinavian prisons restricted opportunities for sports and recreation, skills development, and mental-health services. Parker (2021) highlighted Norway's rehabilitation model, in which reduced overcrowding and greater access to rehabilitative activities were associated with improved post-release outcomes. Walmsley (2021) likewise identified overcrowding as a constraint on education and vocational training. Collectively, these studies indicate that adequate institutional capacity is important to sustaining rehabilitation.

Philippine literature reflects similar challenges. The Bureau of Jail Management and Penology (2022) reported a nationwide jail population substantially exceeding rated capacity, while Caisido (2024) identified population growth, inadequate facilities, budgetary limitations, court congestion, and shortages of legal personnel as factors contributing to persistent congestion. These systemic conditions may reduce access to educational, vocational, health, and other rehabilitative services.

Gender-responsive rehabilitation presents an additional concern. The Philippine Commission on Women (2021) noted that overcrowding can restrict programs addressing women's mental health, psychosocial, vocational, and reintegration needs. At CIW Mandaluyong, Gonzales et al. (2022) identified concerns regarding health-service access, while Salazar and Ramos (2021) associated congestion with limitations in gender-responsive rehabilitation. De Guzman et al. (2020) further found that overcrowding constrained participation in sports and recreational activities.

Other Philippine studies emphasize resource and program limitations. Fernandez et al. (2021) linked overcrowding with reduced rehabilitation-service effectiveness, particularly in livelihood and health services. Ricardo et al. (2021) identified decongestion and enhancement of rehabilitation programs as important reform strategies, while San Juan (2022) reported that space and resource constraints impede mental-health and vocational programs. Alvarez et al. (2021) further associated inadequate rehabilitation services in overcrowded facilities with increased recidivism risk. The Institute for Social Order (2022) and the Asian Development Bank (2021) similarly emphasized

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restrictions on sports, recreation, education, vocational training, and other rehabilitative opportunities.

The literature establishes a consistent relationship between overcrowding and constraints on correctional rehabilitation, health services, program access, and institutional capacity. However, important gaps remain. Existing studies generally examine overcrowding, health services, individual rehabilitation programs, or institutional conditions separately. Limited empirical evidence integrates institutional congestion, rehabilitation-program implementation, rehabilitation outcomes, and compliance with Republic Act No. 10575 within a single women's correctional institution. Research is likewise limited on how specific congestion indicators relate to behavioral, educational, vocational, psychosocial, and reintegration outcomes among women PDLs at CIW Mandaluyong.

The present study addresses this empirical, relational, and contextual gap by systematically examining these dimensions within CIW Mandaluyong. Its explanatory sequential mixed-methods design further enables quantitative assessment of institutional patterns and relationships followed by qualitative examination of the conditions underlying those findings. The integrated evidence provides a basis for the proposed CIW Congestion Management and Rehabilitation Enhancement Program, thereby extending existing literature from documenting overcrowding toward informing evidence-based, gender-responsive correctional management.

Theoretical and Conceptual Orientation

The study is anchored in Environmental Stress Theory, correctional rehabilitation principles, and gender-responsive correctional practice. Environmental Stress Theory explains how crowding, noise, limited personal space, and resource constraints may affect well-being and behavior (Evans & Cohen, 1987). The rehabilitative perspective views correction as a multidimensional process involving behavioral, educational, vocational, psychosocial, and reintegration outcomes. Gender-responsive principles further recognize the distinct needs of women PDLs (Fleming et al., 2021). Republic Act No. 10575 provides the legal framework for assessing institutional compliance in security, welfare, personnel, resources, facilities, and rehabilitation.

The study conceptualizes institutional congestion as a condition associated with rehabilitation outcomes, without presuming causality. The framework integrates institutional congestion, rehabilitation-program implementation, RA 10575 compliance, rehabilitation outcomes, and adequacy of compliance. Quantitative findings establish levels and relationships, while qualitative findings explain the institutional conditions underlying the results. The integrated findings provide the basis for the proposed CIW Congestion Management and Rehabilitation Enhancement Program.

The study follows an Input–Process–Output (IPO) paradigm. Inputs include congestion, rehabilitation implementation, RA 10575 compliance, rehabilitation outcomes, adequacy of compliance, and institutional challenges. Processes involve data collection, quantitative and qualitative analysis, and integration of findings. The output is the proposed CIW Congestion Management and Rehabilitation Enhancement Program.

Significance of the Study

The study provides evidence on the relationship among institutional congestion, rehabilitation, and RA 10575 compliance in a women's correctional institution. The findings may benefit women PDLs through improved access to rehabilitation and essential services; CIW and Bureau of Corrections administrators through evidence for resource, facility, and program planning; and policymakers through evidence to inform decongestion, rehabilitation, and compliance measures. The study also contributes to correctional research by providing context-specific evidence on gender-responsive rehabilitation under congested institutional conditions.

Objectives of the Study

Accordingly, the study aimed to assess compliance with Republic Act No. 10575 at CIW Mandaluyong in relation to institutional congestion and rehabilitation outcomes. Specifically, it aimed:

- To determine the level of institutional congestion at CIW Mandaluyong;
- To assess the level of implementation of rehabilitation programs;
- To evaluate the perceived compliance of CIW Mandaluyong with Republic Act No. 10575;
- To determine the perceived effectiveness of rehabilitation programs in improving PDL outcomes;
- To assess the adequacy of institutional compliance with Republic Act No. 10575;
- To examine the relationships between institutional congestion and rehabilitation outcomes; and
- To identify the challenges encountered in achieving compliance with Republic Act No. 10575.

METHOD

Research Design

The study employed an explanatory sequential mixed-methods design. The quantitative phase preceded the qualitative phase and established the measurable patterns of congestion, rehabilitation-program implementation, RA 10575 compliance, rehabilitation effectiveness, adequacy of compliance, and relationships between congestion and rehabilitation outcomes. The qualitative phase followed the quantitative analysis and was used to explain and contextualize institutional conditions that were not fully captured by the closed-ended measures. Integration occurred through joint interpretation of the two evidence streams.

Participants and Sampling

The quantitative phase included 350 respondents: 320 women Persons Deprived of Liberty (91.43%) and 30 Bureau of Corrections officers (8.57%). The women PDL respondents were officially listed rehabilitation-program participants at CIW Mandaluyong. BuCor officers were selected because of their direct knowledge of facility operations, rehabilitation-program

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management, institutional challenges, and RA 10575 compliance. Purposive sampling was used for both groups. The qualitative phase was conducted separately after the quantitative analysis and involved written open-ended responses from 15 purposively selected participants who had relevant knowledge and experience of the institutional conditions requiring further explanation.

Research Locale

The study was conducted at the Correctional Institution for Women (CIW) Mandaluyong, a Bureau of Corrections facility serving women PDLs. The site was selected because it provided a direct institutional setting in which congestion, rehabilitation services, health and welfare provisions, and compliance with RA 10575 could be examined simultaneously.

Research Instrument

A researcher-developed questionnaire using four-point Likert-type scales was used in the quantitative phase. Separate scales were established for congestion, rehabilitation-program implementation, RA 10575 compliance, rehabilitation effectiveness, and adequacy of compliance. The instrument was reviewed and validated by subject-matter experts, and a pilot test was conducted with respondents outside the study sample. The qualitative component consisted of written open-ended questions designed to obtain explanations and institutional context for the quantitative findings. The study did not conduct face-to-face qualitative interviews, focus-group discussions, direct observation, audio recording, or oral follow-up probing because of restrictions imposed by CIW Mandaluyong.

Data Collection Procedure

After obtaining institutional permissions, the researcher coordinated with the appropriate Bureau of Corrections authorities and CIW Mandaluyong personnel. The validated questionnaires were distributed to the identified respondents in accordance with institutional protocols. Completed questionnaires were retrieved, checked, coded, and tabulated. After the quantitative results had been analyzed, selected participants answered written open-ended questions concerning institutional conditions, rehabilitation delivery, congestion, service limitations, and challenges in achieving compliance. The qualitative responses were compiled and prepared for thematic analysis. The two evidence streams were subsequently integrated through joint displays and interpretive comparison.

Data Analysis

Frequency and percentage were used to describe the respondent distribution. Weighted means were computed to determine the levels of congestion, implementation, compliance, effectiveness, and adequacy. Pearson product-moment correlation was used to examine the relationships between five congestion indicators—population density, dormitory-space allocation, facility-capacity utilization, access to basic services, and health-service availability—and five perceived rehabilitation-effectiveness indicators—behavioral improvement, skills acquisition, educational attainment, emotional and psychosocial well-being, and readiness for social integration. Correlations were tested at the 0.05 level of significance. Because the congestion scale was reverse-coded, correlation directions were interpreted cautiously. The study explicitly treated correlation coefficients as measures of association rather than evidence of causation.

The qualitative responses were analyzed thematically by familiarization with the written responses, coding, categorization, theme development, review, and interpretation. The resulting themes were then compared with the quantitative patterns. Consistent with the explanatory sequential design, qualitative evidence was used to explain, support, qualify, or expand the quantitative results. In particular, the qualitative evidence related to congestion and institutional challenges was not treated as a direct qualitative test of every correlation because no separate qualitative question was designed specifically for the correlation analysis.

Ethical Considerations

Participation was voluntary and data were treated confidentially in accordance with institutional research protocols. The researcher obtained the permissions required by the Bureau of Corrections and CIW Mandaluyong. Respondent identities were protected through coded data and reporting at the group level. The restricted institutional setting also required the qualitative component to be conducted through written responses rather than direct interviews, thereby respecting facility protocols while preserving participants' opportunity to describe institutional conditions.

RESULTS AND DISCUSSION

The integrated findings show a central pattern: CIW Mandaluyong was perceived as congested, yet rehabilitation programs were highly implemented and highly effective, RA 10575 compliance was highly rated, and the adequacy of compliance was very adequate. The qualitative findings qualified these favorable assessments by identifying constraints in space, facilities, personnel, resources, health services, equipment, technology, and program access. Thus, the findings suggest that institutional mechanisms were functioning but operating under persistent capacity pressures.

Institutional Congestion Remains a Significant Operational Condition

All five congestion domains were assessed as Congested. Population density obtained an overall weighted mean of 2.25, dormitory-space allocation 2.18, facility-capacity utilization 2.25, access to basic services 2.25, and health-service availability 2.40. Dormitory-space allocation produced the lowest mean, indicating the strongest perceived pressure among the five dimensions. Health-service availability produced the highest mean, but it remained within the Congested category.

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Table 1.
Overall Assessment of Institutional Congestion at CIW Mandaluyong by Indicator

Congestion Indicator	Overall Mean	Interpretation
Population Density	2.25	Congested
Dormitory-Space Allocation	2.18	Congested
Facility-Capacity Utilization	2.25	Congested
Access To Basic Services	2.25	Congested
Health-Service Availability	2.4	Congested

The qualitative follow-up explains what the numerical rating means in everyday institutional terms. Participants described insufficient sleeping and personal space, excessive heat and noise, restricted movement, limited privacy, pressure on sanitation and hygiene resources, weak water supply, delayed medical assistance, limited medicines, and health-related concerns. The qualitative data therefore indicate that congestion extends beyond the number of PDLs accommodated. It is experienced through the capacity of dormitories, activity areas, sanitation facilities, health services, personnel, and other institutional resources to respond to demand. The resulting integrated theme was that congestion compromises the living conditions, basic services, and health of women PDLs.

The finding is consistent with the institutional logic of overcrowding: when population pressure exceeds the practical capacity of space and services, the same resources must serve more users. Dormitory space is particularly consequential because beds, ventilation, movement, storage, and privacy are directly experienced by PDLs. The dormitory-space overall mean of 2.18 confirms that these conditions were consistently perceived as congested.

Rehabilitation Programs Remain Highly Implemented Despite Congestion

Despite the congestion ratings, all five rehabilitation-program domains were assessed as Highly Implemented. Educational programs obtained an overall weighted mean of 3.30; skills and livelihood training, 3.33; psychosocial support, 3.33; recreational and wellness activities, 3.39; and behavioral correction programs, 3.31. Recreational and wellness activities received the highest rating, while educational programs received the lowest, although both remained within the Highly Implemented category.

Table 2
Summary of the Level of Implementation of Rehabilitation Programs at CIW Mandaluyong

Rehabilitation Program Domain	Overall Mean	Interpretation
Educational programs	3.30	Highly Implemented
Skills and livelihood training	3.33	Highly Implemented
Psychosocial support	3.33	Highly Implemented
Recreational and wellness activities	3.39	Highly Implemented
Behavioral correction programs	3.31	Highly Implemented

The qualitative findings help explain how these programs remain meaningful under constrained conditions. Educational activities were associated with literacy and learning; livelihood programs with practical skills, certificates, and preparation for income generation; psychosocial and spiritual activities with emotional support and hope; recreation with exercise and social interaction; and behavioral programs with discipline, responsibility, and positive conduct. However, implementation did not guarantee equal or continuous participation. Limited activity areas, program slots, materials, equipment, personnel, and schedules affected accessibility and continuity. The integrated theme was therefore that rehabilitation programs promote holistic development despite constraints in access and institutional resources.

This distinction between implementation and accessibility is analytically important. A program can be operational at the institutional level while individual PDLs still experience barriers to regular participation. Thus, the high implementation ratings should not be interpreted as evidence that congestion has no effect on rehabilitation delivery. Rather, they indicate institutional capacity to maintain programs despite constraints, while the qualitative findings identify the points at which those constraints become visible.

RA 10575 Compliance Is Highly Rated but Resource-Constrained

CIW Mandaluyong was perceived as Highly Compliant in all five areas examined. Security protocols and standards obtained an overall weighted mean of 3.38; inmate welfare and development programs, 3.32; personnel recruitment and training requirements, 3.33; budgetary support and resource allocation, 3.25; and facility improvement and modernization, 3.27. Security protocols and standards received the highest rating, whereas budgetary support and resource allocation received the lowest, although all remained within the Highly Compliant category.

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Table 3.
Summary of the Level of Compliance with Republic Act No. 10575 at CIW Mandaluyong

RA 10575 Compliance Domain	Overall Mean	Interpretation
Security protocols and standards	3.38	Highly Compliant
Inmate welfare and development programs	3.32	Highly Compliant
Personnel recruitment and training	3.33	Highly Compliant
Budgetary support and resource allocation	3.25	Highly Compliant
Facility improvement and modernization	3.27	Highly Compliant

The qualitative findings support the presence of security procedures, emergency preparedness, welfare and development programs, trained personnel, and continuing facility improvements. At the same time, participants identified limitations involving security technology, personnel availability, medical and mental-health services, funding, materials, equipment, program spaces, and infrastructure. The resulting integrated theme was that RA 10575 compliance is evident but constrained by resource, staffing, technological, and infrastructure limitations.

This finding suggests that compliance should be understood at two related levels. The first is institutional or formal compliance, reflected in the presence of required systems and practices. The second is operational sufficiency, referring to whether the institution has enough personnel, space, equipment, funding, and technology to sustain those systems consistently for all PDLs. The study's results are favorable at the first level but reveal continuing pressure at the second. This distinction prevents the high compliance rating from being interpreted as evidence that no institutional gaps remain.

Rehabilitation Outcomes Are Perceived as Highly Effective

All five rehabilitation-outcome domains were assessed as Highly Effective. Behavioral improvement obtained an overall weighted mean of 3.39; skills acquisition, 3.39; educational attainment, 3.38; emotional and psychosocial well-being, 3.37; and readiness for social integration, 3.40. Readiness for social integration received the highest rating, while emotional and psychosocial well-being received the lowest, although both remained Highly Effective.

Table 4.
Summary of the Effectiveness of Rehabilitation Programs in Improving PDL Outcomes at CIW Mandaluyong

Rehabilitation Outcome	Overall Mean	Interpretation
Behavioral improvement	3.39	Highly Effective
Skills acquisition	3.39	Highly Effective
Educational attainment	3.38	Highly Effective
Emotional/psychosocial well-being	3.37	Highly Effective
Readiness for social integration	3.40	Highly Effective

The behavioral-improvement findings indicate perceived gains in discipline, respect for rules and authority, reduction of conflicts, and a more peaceful institutional environment. The overall mean was 3.39, and both BuCor officers and women PDLs produced the same overall mean of 3.39. The highest individual indicator concerned the reduction of conflicts and negative interactions (M = 3.50), while improved discipline and reduction of rule violations obtained the lowest means within the domain (M = 3.35), although still Highly Effective.

Skills acquisition was likewise strongly rated. The overall mean was 3.39, with respondents particularly recognizing the usefulness of acquired skills for income-generating activities after release (M = 3.44). Practical skills development, job-related competencies, confidence, and marketable skills all remained within the Highly Effective range

The qualitative evidence reinforces the multidimensional character of these outcomes. Participants associated rehabilitation with literacy, knowledge, practical and livelihood skills, confidence, emotional support, coping, hope, discipline, responsibility, and preparation for life after release. The integrated theme was that rehabilitation programs promote holistic PDL development and preparation for community reintegration. Nevertheless, the positive outcomes remain connected to program accessibility, quality, continuity, and institutional resources.

Institutional Compliance Is Perceived as Very Adequate

All five adequacy domains were rated Very Adequate. The manuscript reports overall weighted means of 3.36 for welfare and safeguards, 3.37 for access to rehabilitation programs, 3.39 for human-rights protections, 3.40 for service-delivery systems, and 3.36 for living conditions and health services. In the latter domain, the overall mean was 3.36, with BuCor officers at 3.34 and women PDLs at 3.37.

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Table 5.
Summary of the Adequacy of CIW Mandaluyong's Compliance with Republic Act No. 10575

Adequacy Domain	Overall Mean	Interpretation
Welfare and safeguards	3.36	Very Adequate
Access to rehabilitation programs	3.37	Very Adequate
Human-rights protections	3.39	Very Adequate
Service-delivery systems	3.40	Very Adequate
Living conditions and health services	3.36	Very Adequate

The favorable ratings indicate that respondents generally recognized the presence of institutional safeguards, rehabilitation access, human-rights protections, service mechanisms, and living and health arrangements. However, the qualitative findings provide an important qualification. For example, health services were perceived as available, yet participants noted that limited numbers of doctors or specialists could delay assistance. Similarly, service-delivery systems were rated Very Adequate even though personnel workload and budget limitations could slow or restrict access. Thus, adequacy describes the perceived presence and general sufficiency of institutional arrangements, but does not eliminate operational constraints.

Congestion and Rehabilitation Effectiveness Are Statistically Associated

Pearson product-moment correlation analysis examined 25 relationships between the five congestion indicators and the five rehabilitation-effectiveness outcomes. Twenty-one relationships were statistically significant at the 0.05 level, while four were not significant. The null hypothesis was therefore rejected for the 21 significant relationships and not rejected for the four nonsignificant relationships.

The behavioral-improvement outcome was significantly associated with population density, dormitory-space allocation, access to basic services, and health-service availability. Facility-capacity utilization was not significantly associated with behavioral improvement ($r = -.059$, $p = .270$). The broader correlation matrix also showed particularly strong relationships in educational attainment, including $r = -.887$ for one congestion dimension, and multiple significant relationships across emotional/psychosocial well-being and other outcomes. For readiness for social integration, significant relationships were observed for population density ($r = -.411$, $p < .001$) and facility-capacity utilization ($r = .206$, $p < .001$), while dormitory-space allocation ($r = .096$, $p = .073$), access to basic services ($r = -.022$, $p = .682$), and health-service availability ($r = -.092$, $p = .086$) were not statistically significant.

The findings must be interpreted carefully because the congestion scale was reverse-coded and because correlation does not establish causation. The significant associations indicate that perceptions of institutional conditions and perceptions of rehabilitation effectiveness vary together across several dimensions. They do not demonstrate that congestion directly causes changes in rehabilitation outcomes. The thesis appropriately identifies other possible influences, including program quality, participation, motivation, personnel availability, resource allocation, and institutional management.

The mixed-methods integration strengthens the interpretation without overstating causality. The qualitative evidence identifies limited space, restricted program participation, inadequate facilities, personnel shortages, delayed services, and health-service concerns that provide an institutional context for the statistical associations. However, because no separate qualitative question was designed specifically for the correlation analysis, these qualitative findings should be treated as contextual evidence rather than direct qualitative confirmation of each individual correlation. Institutional Challenges Constrain Practical Capacity

The qualitative follow-up generated six major themes concerning the challenges encountered in achieving compliance with RA 10575: (1) overcrowding and limited space, (2) insufficient budget and resources, (3) inadequate facilities and basic services, (4) reduced participation and motivation, (5) behavioral and adjustment challenges, and (6) the need for decongestion and facility improvement. These themes were derived from written responses of women PDLs and BuCor officers and reflect the practical conditions surrounding rehabilitation delivery and institutional compliance.

The qualitative findings indicate that overcrowding and limited space reduce usable living, activity, and movement areas, contributing to heat, discomfort, and restricted movement. Insufficient budget and resources constrain the availability of equipment, supplies, program materials, and institutional services. Inadequate facilities and basic services, including limited dormitory space, water, bathing, and toilet facilities, further increase operational pressures. Reduced participation and motivation may result from heat, congestion, discomfort, limited space, and resource constraints, while behavioral and adjustment challenges may place additional pressure on behavior, interpersonal interaction, and institutional management. Finally, the need for decongestion and facility improvement underscores the importance of population management, improved facilities, stronger resources, and coordinated institutional support for sustainable compliance.

Participant accounts illustrate congestion as a lived institutional condition, characterized by excessive heat, restricted movement, insufficient space, equipment shortages, weak water supply, and inadequate bathing and toilet facilities. These findings show that congestion reflects the interaction of population pressure, infrastructure, and service capacity, rather than population size alone. They also contextualize the favorable quantitative ratings: rehabilitation programs may remain highly implemented and effective, and compliance highly rated, while resource, personnel, and infrastructure constraints continue to

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place operational pressure on rehabilitation and institutional services.

CIW Congestion Management and Rehabilitation Enhancement Program

The integrated findings served as the basis for the proposed CIW Congestion Management and Rehabilitation Enhancement Program. The program is designed to address the gap between formal institutional functioning and practical service capacity. Its principal areas are population and space management, facility and basic-service improvement, health-care strengthening, rehabilitation accessibility, personnel and resource support, human-rights safeguards, reintegration, interagency partnerships, and monitoring and evaluation. The program is not intended to replace existing BuCor mandates or RA 10575 requirements; it is a research-based enhancement framework subject to institutional approval, resources, security requirements, and further needs assessment.

Table 6.

Proposed CIW Congestion Management and Rehabilitation Enhancement Program

Program Area	Objective	Priority Actions	Expected Result
Decongestion and Space Management	Reduce pressure on living and activity spaces.	Population monitoring; space-utilization review; prioritization of critical facility needs; coordination with authorized decongestion mechanisms.	Improved use of available space and reduced operational pressure.
Facility and Basic Services	Improve the adequacy and reliability of essential institutional facilities.	Dormitory improvements; ventilation; water and sanitation upgrades; bathing/toilet improvement; equipment provision.	Improved living conditions and service capacity.
Health and Mental-Health Support	Strengthen timely access to health services.	Personnel/resource assessment; medical-supply planning; referral systems; mental-health support; emergency-response strengthening.	More timely and accessible health care.
Rehabilitation Access and Continuity	Protect the reach and continuity of rehabilitation programs under congestion.	Program scheduling; additional activity spaces; equipment/material provision; participation monitoring; gender-responsive programming.	More equitable and continuous participation.
Personnel and Resource Strengthening	Address staffing, funding, and material constraints.	Workload assessment; staffing requests; training; resource-allocation review; partnership development.	Improved institutional capacity to sustain compliance.
Reintegration and Post-Release Preparation	Strengthen readiness for community reintegration.	Skills certification; livelihood linkages; education; family preparation; referral and transition planning.	Improved continuity between institutional rehabilitation and community reintegration.
Monitoring, Evaluation, and Compliance Review	Ensure continuous improvement.	Periodic indicators; PDL feedback; compliance review; program monitoring; annual institutional assessment.	Evidence-based adjustment and sustained RA 10575 compliance.

The program responds directly to the mixed-methods findings. Decongestion addresses the strongest institutional constraint identified qualitatively and the consistently Congested quantitative ratings. Facility, health, personnel, and resource interventions address the operational limitations that qualified the favorable compliance and adequacy assessments. Rehabilitation-access measures preserve the strengths of programs that were rated Highly Implemented and Highly Effective, while monitoring and evaluation create the feedback mechanism necessary for continuous institutional improvement.

The principal contribution of the study is the identification of a coexistence between institutional congestion

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and favorable assessments of rehabilitation and compliance. At first glance, a Congested rating may appear inconsistent with Highly Implemented rehabilitation programs, Highly Effective outcomes, and Highly Compliant institutional practices. The integrated findings show that these are not mutually exclusive. CIW Mandaluyong appears capable of sustaining formal programs and generating perceived benefits even while the physical and organizational environment remains under pressure.

This finding has two implications for correctional administration. First, existing rehabilitation mechanisms should be preserved and strengthened because respondents perceive them as meaningful and effective. Second, favorable program ratings should not be used to justify maintaining the status quo. The qualitative evidence demonstrates that program access and continuity are vulnerable to limitations in space, equipment, personnel, funding, and schedules. Institutional improvement should therefore focus on increasing capacity rather than merely adding new programs.

The results also demonstrate why RA 10575 compliance should be assessed through both formal indicators and operational realities. High compliance scores indicate that required systems and practices are present. Yet resource limitations may affect how consistently those systems reach all PDLs. A correctional institution may therefore be compliant in structure while still requiring improvement in capacity, accessibility, timeliness, and sustainability. This distinction provides a more nuanced basis for correctional reform than a binary compliant/noncompliant classification.

Finally, the study's mixed-methods approach demonstrates the value of integrating numerical assessments with institutional accounts. The quantitative phase identifies the scale and direction of perceived conditions, while the qualitative phase explains what those conditions mean in practice. The combined evidence supports a policy position centered on decongestion, resource strengthening, gender-responsive rehabilitation, and continuous monitoring. The study consequently contributes not only to the assessment of CIW Mandaluyong but also to broader discussions of evidence-based correctional management in the Philippines.

CONCLUSION AND RECOMMENDATIONS

Conclusions

The study concludes that CIW Mandaluyong operates under persistent institutional congestion, particularly in dormitory-space allocation, while its rehabilitation programs remain highly implemented and perceived as highly effective. The institution is likewise perceived as highly compliant with Republic Act No. 10575 and very adequate across the assessed areas. However, qualitative findings reveal continuing constraints in space, facilities, health services, personnel, funding, equipment, technology, and program access.

Furthermore, 21 of the 25 relationships between congestion and rehabilitation-effectiveness indicators were statistically significant. These results demonstrate association rather than causation, while the qualitative findings provide institutional context for how population pressure and resource constraints may affect rehabilitation conditions. Overall, the findings indicate that decongestion and institutional-capacity strengthening should complement existing rehabilitation and compliance mechanisms.

Recommendations

Based on the findings, the study recommends:

1. Strengthen population and space-management strategies to reduce pressure on dormitories, activity areas, and other institutional spaces.
2. Prioritize improvements in dormitory space, ventilation, water and sanitation facilities, bathing and toilet facilities, and rehabilitation activity areas.
3. Strengthen medical and mental-health services through adequate personnel, supplies, referral mechanisms, and timely service delivery.
4. Improve the accessibility and continuity of rehabilitation programs by providing adequate spaces, equipment, materials, personnel, and appropriate scheduling.
5. Review resource-allocation mechanisms to strengthen funding for rehabilitation, welfare, health, and institutional services.
6. Strengthen gender-responsive rehabilitation and reintegration through skills development, livelihood preparation, education, family support, and transition services.
7. Establish regular monitoring of Republic Act No. 10575 compliance, including accessibility, continuity, timeliness, and practical adequacy of institutional services.
8. Pilot and evaluate the proposed CIW Congestion Management and Rehabilitation Enhancement Program, subject to Bureau of Corrections and CIW approval, resource availability, security requirements, detailed costing, and institutional needs assessment.
9. Conduct future longitudinal research using objective indicators, such as population-to-capacity ratios, staffing ratios, program participation, service waiting times, health-service utilization, and post-release outcomes, to complement perception-based measures.

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