

Labyrinthine Geriatric Informal Caregiving amidst COVID-19 Pandemic

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ABSTRACT: The situation of geriatric caregiving may seem easy in the eyes of many if the carers are regularly compensated. The purpose of this study was to explore the lived experiences of geriatric informal caregivers through the phenomenological approach to qualitative research. Typically, tasks in the household, at school or in the workplace are complicated by the simultaneous participation and involvement as a student or as a government employee. Thematic analysis of the transcripts showed that investing on priorities determine which tasks have to be accomplished first, and which comes next. All of the participants described the support extended by their family members, classmates/workmates, and the community people as both material and non-material which include emotional and moral support in the form of prayers, sympathy, and words of inspiration and motivation. Material support is through food, goods, medicine, and money. These efforts are vital contributions to them by providing constant assurance of support on finances, spiritual guidance, positive emotional upliftment, and errands-made-easier assistance.

KEYWORDS-geriatric, informal, caregiving, complicated, care culture, support

I. INTRODUCTION (SIZE 10 & BOLD)

As the older Filipinos rise in the coming years, families and societies, including the government, will have to face the challenges of delivering care to this population. Behind satisfied care recipients are the laudable services provided by family members who became older adults' informal caregivers, lovingly dedicating their time and space and unconditional labor as they humbly devote payback moments to persons who cared for them first during their dependent years.

The tradition of caring for the older adults still lingers in Filipino families. They enjoy a significant amount of care and unending support from their children and spouse, as long as he or she is still alive. Family support comes in many forms like financial support, companionship and assistance. As stated in Article XV (Family) Section 4 of the Philippine Constitution, "The family has the duty to care for its elderly members but the State may also do so through programs of social security."

Under Republic Act (RA) 9994 or the Expanded Senior Citizens Act of 2010, it states that (d) To encourage their families and the communities they live with to reaffirm the valued Filipino Tradition of caring for the senior citizens; (e) To provide a comprehensive health care and rehabilitation system for disabled senior citizens to foster their capacity to attain a more meaningful and productive ageing.

Be it for the older adults or the informal caregivers themselves, the 2030 Agenda for Sustainable Development recognizes the importance of good health to long-term development and the interdependence of the two. The third goal is aimed at good health and well-being, which means promotion of healthy lives and over-all well-being at all ages, is essentially ensured.

The World Health Organization (WHO) has been at the forefront of the international fight to combat COVID-19; along with partners they produced Strategic Preparedness and Response Plan. They laid out public health steps that countries, including the Philippines, prepared for and responded to, in order to provide guidelines and assistance for people to look after their mental health, particularly health workers, administrators of health facilities, persons caring for children, older adults, people in isolation, and members of the general public.

When governments are shifting away from formal care and toward informal care in order to meet rising care demands and healthcare expenses due to budget cut, older individuals were urged to remain at home rather than entering nursing facilities. To make it work, such people will have to rely on their immediate network of family and friends for informal care.

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Claiming truth to it, results from the Philippines COVID-19 Households Survey (2020)^[1] obtained a response that majority of Filipinos needed medical treatment but one in three households was not able to obtain it due to lack of money, fear of contracting the virus, and constraints in health care facilities.

Realizing how overwhelming the tasks are during the COVID-19 pandemic, the informal caregivers strive to achieve work and life balance in order to carry on with life in the finest way possible.

Geriatric informal caregivers make a big contribution. A huge bulk of task is laid down to them. The lack of hospital facilities and the space required to care for elderly patients from the hospital or discharged patients and are, thus, endorsed to the hands of the informal caregivers who assist with day-to-day tasks, manage treatment-related illnesses, educating, encouraging, and empowering people to care for them. Aside from that, informal caregivers should display an amount of information about the illness taken care of, remarkable house-keeping skills, coping behaviors, financial experiences, and sufficient formal care mentoring from the more experienced family member.

While the limelight is focused much on the elderly, the informal caregivers deserve much special and important credit as well. Carrying the bulk of responsibilities at home, school, and workplace may have its own share of intricacies amidst the pandemic. Wherever they get the courage and strength to get through each day must be from very reliable support systems that contribute in one way or another to the experiences and lessons which are worth emulating. There must be manifestations of work and life balance that has emanated from the support the informal caregivers acquire from the significant people in their lives. With their vital contributions, there may be more defined culture of care in the Philippines that has to be discovered.

II. THE PROBLEM

The study is aimed at exploring the lived experiences of the geriatric informal caregivers.

Specific questions guide this study:

1. How complicated are the tasks of the informal geriatric caregivers amidst COVID-19 pandemic?
2. How is support extended by the family members, schoolmates or workmates, and the community people to the informal caregivers during the time of COVID-19 pandemic?
3. How vital are the contributions of the following entities in the informal geriatric caregivers:
 - a. family members,
 - b. schoolmates or workmates, and
 - c. the community people?

III. SIGNIFICANCE OF THE STUDY

This study is a significant endeavor in promoting the over-all well-being of informal caregivers to disseminate information in the Philippine setting not only during the COVID-19 pandemic but during the duration of caregiving.

IV. RELATED LITERATURE AND STUDIES

Informal caregivers are individuals voluntarily caring for a relative or a friend facing illness, disability, or any condition requiring particular attention^[2]. World Health Organization (WHO)^[3] expounded that home care may be considered for an adult or child with confirmed or suspected COVID-19 when inpatient care is unavailable or unsafe (e.g. when capacity is insufficient to meet the demand for health-care services). Such patients who have been discharged from hospital may also be cared for at home, if necessary.

Family members or other informal caregivers, either instead of or in addition to professional caregivers attend to the person with a patient's needs. Informal caregiving consists of the ongoing activities and experiences involved in offering unpaid help to relatives or friends who are unable to take care of themselves^[4].

Ammar, et al^[5] on their multicenter online survey regarding psychosocial consequences due to the COVID-19 restrictions (ECLB-COVID19) confirmed earlier findings from before the pandemic, that informal caregivers have a higher burden regarding mental and physical health. The results also point out that their wellbeing and depression significantly worsened during lockdown compared to non-caregivers^[6]. While the numbers of COVID-19 infections during the first wave in spring 2020 in Germany was modest, substantial COVID-19 measures were applied. Throughout those measures, i.e., contact restrictions, informal caregiving still took place^[7]. Despite some evidence that psychosocial burden significantly increased for informal caregivers during the pandemic, there is limited evidence on how much that psychosocial burden depends on the involvement and support the informal caregivers received during lockdown. Furthermore, there are no findings on how certain COVID-19-related stressors (i.e., implementation of COVID-19-measures) affect the psychosocial burden of informal caregivers.

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Due to the unprecedented and novel nature and scope of COVID-19, there is limited research on the effects of the pandemic to informal caregivers. However, informal caregivers may be especially vulnerable to effects of COVID-19 with respect to changes in caregiving responsibilities (caregiving intensity) and impacts on physical and mental health and health-related quality of life due to the pandemic^[8].

V. RESEARCH METHODOLOGY

This study was designed to be qualitative. This study focused on phenomenological inquiry where the researcher asked what the informal caregivers' experiences are in regard to some phenomenon, and how they interpret those experiences. In phenomenological research design, the researcher used a combination of methods such as conducting interviews, reading documents, watching videos or visiting places or events, if the health and safety situation will stabilize, to understand the meaning subjects place on whatever is being examined.

The ten subjects chosen from the six districts of the municipality of Bayambang qualified to the following criteria: a college student or a regular government employee informal caregiver who lives with family member/s who suffered from any variant of the COVID-19, must be in the same compound or house with the older adult aged 60 years or older, and is willing to become part of the study.

The researcher utilized pseudonyms for each of the subject to keep their privacy. The statements gathered were recorded in an audio recorder file. Inductive coding based on the data itself was utilized; where codes emerged from the data. There were no predetermined set of codes, and that these were developed as data were reviewed. With inductive coding, it just went with the flow of data.

VI. FINDINGS AND DISCUSSIONS

This phenomenological study presents the lived experiences of informal caregivers involved in complicated tasks during the COVID-19 pandemic. Phenomenology provides an opportune time for individuals to share their experiences in life in order to illuminate the previously misunderstood and unknown. Assortments of experiences are provided to give readers a deeper understanding of the research participants.

This chapter presents the key findings obtained from in-depth interviews beginning with a brief description of the interviewees. The results of the study inform understanding of the labyrinthine informal caregiving to geriatric family members by manifesting that (a) setting priorities dominates; (b) work and life balance is essential; and (c) care culture only in the Philippines. These themes are based on studying the overarching research question below:

1. How complicated are the tasks of the informal geriatric caregivers amidst COVID-19 pandemic?
2. How is support extended by the family members, schoolmates or workmates, and the community people to the informal caregivers during the time of COVID-19 pandemic?
3. How vital are the contributions of the following entities in the informal geriatric caregivers:
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Setting Priorities Dominates

Informal caregivers experienced complicated tasks throughout their caring years while they are college students or government employees. The most complicated tasks are those that interfere with the students' accomplishment of learning activities and synchronous class sessions, and employees' duties and responsibilities in their respective workplaces.

Yes. Caregiving got complicated when there are many homework and quizzes, and I have to look for spot near the house with faster internet connection from my phone's data during online classes. I have to close my device's video camera when I have to attend to the needs. (Jasmin, Marga, Conrad, Jonas, Anita)

Yes. The more it became complicated during COVID-19 pandemic due to the community lockdown, the home or facility isolation or quarantine, market schedules, disinfection drives, travel restrictions, triage situations in hospital, skeleton workforce in the workplaces and the tasks at home as a mother, wife, an informal caregiver to mother/grandmother. There was a huge adjustment to mobility, finances, and emotional battles. (Johanna, Olga, Tracy, Madonna, Susan)

Informal caregiving has become complicated during the COVID-19 pandemic due to major adjustments in the health and safety situations around community.

The data suggests that most of the students with caregiving responsibility know which tasks need priority like household chores that includes cooking, cleaning around the house, doing laundry, feeding the elderly their regular meals and medicine.

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With the asynchronous/offline time in the flexible learning modality in school, there were more opportunities to attend to caregiving tasks while accomplishing school-related tasks.

Most of the tasks employed by the government employee participants range from those tasks employed also by the students, and navigating complex health care assistance with household tasks, self-care and supervision tasks, medical care tasks, and coordination tasks. As resilient beings, they are able to maneuver situations to benefit older adults, the informal caregivers themselves, and other significant others.

This supports the results of the study that caregivers who attempt to balance caregiving with other activities, such as work, family, and leisure, may find it difficult to focus on the positive aspects of caregiving and often experience more negative reactions, such as an increased sense of burden^[9].

Regardless of amount of care provided, caregivers may become increasingly more distressed if they are unable to participate in valued activities and interests. More than half of adult children who provide parent care are employed. Caregiving responsibilities can have a negative effect on work roles as caregivers adapt employment obligations to manage and meet care demands. Caregivers who are employed report missed days, interruptions at work, leaves of absence, and reduced productivity because of their caregiving obligations. They have difficulty maintaining work roles while assisting family members. On the other hand, employment provides some caregivers respite from ongoing care activities and serves as a buffer to distress^[10].

In the first theme, participants expressed a dominance of priority-setting over labyrinthine tasks. Informal caregiving is not an easy job. In OECD^[11] Health at a Glance, everybody is likely to become an informal carer at some point over one's life course. It is possible to distinguish between different care relationships in informal care: (a) adults of working age who are caring for older parents, family members, neighbours or friends; (b) individuals of pension or higher age who are caring for their partner, family members, neighbours or friends; (c) youth caring for their parents or grandparents or other family members; and (d) paid non-professional caregivers who are replacing or complementing care provided by the family. According to European surveys, about 40-55 per cent of informal carers are adult next-of-kin (daughters, sons, in-laws), depending on the country, 20 to 45 per cent are partners. Siblings, friends or neighbours are also providing unpaid care and the majority of unpaid care is provided by women^[12].

One commonality among the employed subjects aged 40 above is their sense of responsibility to decide on the medications of the older adults. Johanna, Olga, Tracy, Madonna and Susan confirmed that with years of witnessing medical consultations and drug prescriptions of the care recipients, they are able to decide on which to give and which is not. As responded, "kung ano yung prescribed by doctor, at kadasalan yung hiyang. Kahit parehas ang generic name, may preference silang brand."

As these individuals provided descriptions of their experiences, they often spoke empathically about their identity as geriatric informal caregiver. Majority of the participants prioritized the care receivers over work and self.

Caregiving is a labor of love, and the students and employees have tasks and jobs outside the home. This can lead to conflict between their divergent responsibilities, which can result in high levels of stress, tardiness, disruptions of their workdays, and even perhaps negative health effects for them as well. It is paramount that they are equipped with prioritization to care for both themselves and their loved ones.

Care Culture Only in the Philippines

Providing geriatric care during COVID-19 pandemic demands much tasks from participants in this study, yet the unwavering dedication to serve their loved ones are unquestionable in the Philippine care culture.

The tradition of caring for the older adults still lingers in Filipino families. They enjoy a significant amount of care and unending support from their children and spouse, as long as he or she is still alive. Family support comes in many forms like financial support, companionship and assistance. As stated in Article XV (Family) Section 4 of the Philippine Constitution, "The family has the duty to care for its elderly members but the State may also do so through programs of social security."

Under Republic Act (RA) 9994 or the Expanded Senior Citizens Act of 2010, it states that (d) To encourage their families and the communities they live with to reaffirm the valued Filipino Tradition of caring for the senior citizens; (e) To provide a comprehensive health care and rehabilitation system for disabled senior citizens to foster their capacity to attain a more meaningful and productive ageing.

Participants in the study exhibited close family-ties through the usual set-up in the household where the older adult live with their children and rely on them for care and support. That is expected from a family member because he/she has been taken cared of during childhood years. Self-sacrificing ideation is a family members' selfless passion to provide quality care to an older adult as a sign of reciprocity.

All I can say is, before, my grandma and my family are the ones who took care for me. As I grow older I am the one who's taking care of them specially my grandma. (Jonas)

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I don't get paid because it is my responsibility as her daughter, and I am happy to take care of her. (Johanna)

She took care of me when I was younger, now that she is sick I will also take care of her (Anita)

With the absence of both my parents, I was at the care of lola. It not sacrifice but a way of giving back the goodness they have given me. (Tracy)

None of my siblings chose to stay with our parents. They live out of town and overseas for greener pasture so they can provide for medical needs of our parents. My family stays with mama, and I voluntarily accepted the fate of being her caregiver because I wanted it; I have to, as a sign of my love for her. (Madonna)

Filial caregivers often reminisced about positive parental identity, reciprocal relationships, and engagement in meaningful filial relationships. Such caregivers drew on these beliefs and perceptions, and transactions as they entered the filial caregiving role. They expressed a sense of "choice" and "opportunity" in assuming this role.^[13]

Part of the care culture is not only for the older adults alone, but for the family caregiver as well. The participants receive material and non-material support from their family members, school mates/workmates, and the community people.

Support Extended by Family Members

Family members extend material support which includes money given by relatives, vitamin supplements, cooked foods and grocery packs. Money is the relative's way of saying 'thank you for taking care of.' which then serves as motivation for the informal caregiver to continue the journey on geriatric care. This usually happens in an unexpected way, and only those relatives that have the capacity to give money do this. This generosity in financial aid is also an element of reciprocity that is common in the Philippines. You do good, and kindness will go back to you (the informal caregiver).

Supporting the results of this study by emphasizing that it is plausible for positive consequences, such as rewards and satisfaction buffer the negative effects of caregiving. Positive aspects of caregiving are important; some researchers are now using a caregiver rewards scale to better understand caregivers' experiences.^[14]

It is their way to say thank you. (Conrad)

My uncle gives me money to buy cellphone. He let me accept this money, thanked me for taking care of lola. (Jasmin)

They gift me with money. If I need money, I ask and they give me. (Jonas)

My siblings voluntarily give money for mom's needs. (Johanna)

Nagbibigay sila kahit maliit na halaga bilang pandagdag sa panggamot ni mama ko. (Anita)

Generally, the participants were extended of financial help from their relatives. These were voluntarily given as token of gratitude from the sacrifices despite performing duties as students and government employees.

For the non-material support from family, time spent for a few minutes of talking is a manifestation that informal caregivers have to know that they are not alone. Other caregivers share these feelings. Talk with someone if your feelings get in the way of daily life. Maybe you have a family member, friend, priest, pastor, or spiritual leader to talk to. Your doctor or social worker may also be able to help.^[15]

My family calls me, asking if there still is food in our house, always asking if we are OK. (Jasmin)

They message me and send regards, it is not financial but moral support from them is indeed a good thing to receive. (Conrad)

My siblings call us every now and then. We have continuous communication. And we try solving problems if we can. (Johanna, Tracy, Madonna, Olga)

By talking to them, it eases the emotional burden especially when I cry to them. (Tracy, Olga)

The data is supported by Northfield & Nebauer 2010^[16] caregivers who received little emotional support often times had negative feelings regarding their role and responsibility. Whereas, those with support both emotionally and physically had more positive feelings. Care culture in the Philippines reflects an image of "malasakit" and "pakikiramdam" that means relatives do not only worry and think of the older adults cared of but the one who takes care of them, too.

Support Extended by Classmates/Workmates

Care culture in the Philippines is also in the form of moral support. Filipinos may not lend money or offer any financial help because it's not even enough for their own families, yet they easily extend the support that money cannot buy.

My classmates made me feel I was not alone during my battle in the hospital. They always text me and ask, "Kumusta ka na?" Kaya mo yan (Marga)

They (classmates) always cheer me up, and always ask if I am OK. (Conrad)

My classmates and friends support and help me by reminding me of due dates of learning activities, They always message if how am I, and always give regards for me. (Jonas)

Mangungumusta sila palagi through FB messenger. We video chat if there is enough load. (Anita)

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They ask how we are faring. They also ask me if I need anything, they can buy for me. (Johanna, Olga, Tracy, Madonna, Susan)

For most Filipinos, care and thought is important to be able to know what else other people need, be it food, money, service, and prayer. For these geriatric caregivers, they also deserve the care that they give, be it from friends, classmates, and workmates. Reaching out is easy because of technology. Coordination is faster and more organized because of technology. No matter where these people are, there is always a way for them to bring communication faster and closer. This is how Filipinos care for each other, with and without pandemic.

Support Extended by Community People

Community people contribute more of the non-material support like doing favors for running errands like bills payment and store purchases. Civilian Volunteers Organization (CVO) became more visible as they wait for the Barangay Chairman's signal on which residence needs assistance. Vitamin packs from Rural Health Unit were also given for the COVID-19 positive and their family members.

Nagbibilin sa kapit-bahay kung mamamalengke sila. (Olga)

Nagpapabayad ng kuryente, tubig at cable (Susan)

Nagpapasabi sa Brgy. Health Worker na baka meron nang Vitamins para sa amin. (Tracy, Olga, Johanna)

Engaging in a harmonious relationship with the neighbors or community people is advantageous in times of dire needs. They are of huge help in emergency or unexpected situations, and in simple but important errands. They serve as essential support during that provides relief to the informal caregivers as there are people they can depend on.

The data is supported by the concept of social capital by political scientist Putnam. Community with high social capital is characterized by the existence of dense and strong social networks, high involvement in these networks, and strong norms of reciprocity and generalized trust between people. Therefore, social capital can be useful as a conceptual tool in local policies for social sustainability. Reciprocity is created by the obligations that are almost always involved in social networks^[17] indicating that when people interact in social networks, norms of reciprocal help and support become the glue that holds the network together.

Work and Life Balance is Essential

Students and government employees in this study experience difficulties and challenges as informal providers of care to older adults. Hurdling everyday mysteries of geriatric life becomes unknown if caregivers are unprepared of the possibilities, yet demystifying efforts are translated to priorities of serving the older adults unconditionally until they attain a period of balance.

Knowing about what purpose they have in the lives of the care receivers moulded the notion and worth of what it is to be called informal caregivers. How they receive treatment from their significant others is vital in the maintenance of sound body and mind.

Getting enough as much as possible is vital in the life of the informal caregivers.

Sometimes yes and sometimes no, due to many responsibilities that I need to perform. But I sleep at noon break. (Jasmin)

I sleep 7-8 hours; it's enough to gain my energy back. (Conrad)

Yes, I sleep well. But there are times when my grandma is not feeling well I wake up in the middle of the night to comfort and provide her of things she needed. But I sleep once she sleeps back. (Jonas)

I tried my best to get some sleep because I know I need it. (Olga, Tracy, Madonna, Susan)

An online article, Taking Care of YOU: Self-Care for Family Caregivers, caring for the self is one of the most important and one of the most often forgotten things one can do as a caregiver. When the needs are taken care of, the person cared for will benefit, too. Family caregivers of any age are less likely than non-caregivers to practice preventive healthcare and self-care behavior. Regardless of age, sex, and race and ethnicity, caregivers report problems attending to their own health and well-being while managing caregiving responsibilities.

Surprisingly, the participants in the study are able to balance work and life despite the tasks they perform in caregiving. They are able to achieve this because of the unwavering contributions of their classmates/workmates, community people, and most especially the family members.

Vital Contributions of Family Members in Geriatric Caregivers' Work and Life Balance

There would be no one else reliable than a family that constantly provide strength and support all throughout the informal caregivers' service to the older adults. Highly sensitive ties therein, the family members are aware of what and when the informal caregiver needs help. It is their own way, too, of returning favour to the sacrifices done to the family.

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By providing encouraging words from the talks they had with their family members, their freewill were strengthened to carry on with the tasks while taking change of their own lives. Family members' motivating acts of kindness provided more reasons to stay with the older adults and be their constant companion.

Blessed are the informal caregivers for having the right and good people around to extend help in any way possible. True enough, caregivers who received little emotional support often times had negative feelings regarding their role and responsibility. Whereas, those with support both emotionally and physically had more positive feelings.

Lagi po nila tinatanong kung ano kailangan ko. Tyagaan ko raw po na magsilbi kay lola para may kasama sila. (Jasmin)

Nagpapasalamat sila sa pag-ako ko ng responsibilidad. Masaya na po ako dahil nakikita nila yung pag-aalaga ko kay lola (Marga)

Nagdadala sila ate ay kuya ng ulam para hindi na raw ako magluto para kina papa at mama. Tapos nagbibigay sila ng mga pagkain. (Olga)

Masaya na po ako na kinukumusta nila ako lagi, at nakikita nila na gusto ko ginagawa ko at hagna daw sila sa akin. (Anita)

Vital Contributions of Classmates/Workmates in Geriatric Caregivers' Work and Life Balance

Geriatric informal caregivers have classmates/workmates that happen to be thoughtful and supportive of all their activities. This humble gesture of assistance to ease the anxiety that highly impede the quality of work both as a caregiver and a student/government employee, made a huge difference in their lives.

Lagi silang nakasuporta sa akin kung may activity na hindi pa ako nakasubmit, nagreremind sila sa akin. (Jasmin)

Pinaparamdam ng classmates ko na hindi ako nag-iisa, at lagi sila nangungumusta. (Marga)

They always cheer me up and say "hi" at the same time ask me if I'm OK. (Conrad)

They always ask what we need, and reach me out through text, call and offer prayer. (Johanna)

By inspiring conversations with their friends/ classmates/workmates, they are able to reflect on these and more determined to assist the older adults while they are still alive. By including them in their family members' and friends' players, they are provided with spiritual arm to regain the weakened faith because of trials and tribulations. By lifting up the wearied spirit through sharing God's words, they are revitalized and renewed for another day of service.

Colleague support may be ingrained in the culture of the workplace, since workers in a family-friendly organization may value work-life balance and be more understanding of the demands of informal caregivers' families. Group-level resources include support from colleagues, which are important for individuals' work-family conflict. ^[18]

Vital Contributions of Community People in Geriatric Caregivers' Work and Life Balance

Community people in the Philippines for most rural areas consists of interpersonal connections and face-to-face encounters that are governed by customary social norms and produce an overall cooperative social structure. During the community lockdown period, geriatric caregiving concerns were mostly on how to facilitate the transport of goods to the older adults' homes.

By community people's volition and kind-heartedness to grant errands requests, they are able to accomplish more of household chores plans. These are the most notable vital contributions of the significant others in the life of the informal caregivers.

Pinakiki-usapan po yung tricycle driver na dalhin sa bahay yung mga pinamili tapos babayaran na lang yung pamasaha nung goods. (Jasmin)

Nakikisuyo sa mga kapit-bahay na magpadala ng bibilhin kung may nakalimutan, pati pagpapaload pinasusuyo rin. (Olga)

Nagtatanong mga kapit-bahay kung may ipadadala kami, usually mga gamot, tinapay ganun. (Tracy)s

Nanghihingi kami ng mga dahon ng malunggay, kamote, ampalaya na mga tanim nila sa bakod para hindi na bilhin pa sa talipapa. Kapag naluto na yung tinola nagbibigay kami. (Susan)

This indicates that living in a neighborhood with high social capital seems to be protective when it comes to maintaining wellbeing during times of crisis. Several studies from various countries have found protective effects from social support and social networks during the COVID-19 pandemic.^[19] The respondents who experienced very poor health could have been less likely to participate in a telephone survey or even to answer the call, resulting in a potentially healthier and unrepresentative sample of people participating in our study.

Findings from this study indicate that neighborhoods with high social capital seem to be more resilient to crises like the COVID-19 pandemic. This corresponds with findings from previous research, suggesting that a high level of social capital promotes health. ^[20] Previous research also found that social capital can contribute to resilience in times of crises. Aldrich and

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Meyer^[21] demonstrate several examples (mainly of natural disasters) where strong social capital within and across social groups has proven important both during crises, through mobilization and sharing of resources and knowledge, and for rebuilding and recovering in post-disaster communities

VII. CONCLUSIONS

According to the present reviews, all entities have contributed to the geriatrics informal caregivers labyrinthine tasks.

1. Geriatric informal caregiving is a complicated task served with priority because of the responsibility they embrace.
2. Informal caregivers received material and non-material support from family members, class/workmates, and community people who are traditionally care culture elements.
3. Providing motivational words and actions from family members, class/workmates, and community people contributed much in the balanced work and life of informal caregivers.

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