

Caregivers Need Help Too: The Lived Experiences and Coping Mechanisms of the Caregivers of the Dengue Patients in Palawan, Philippines



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Abstract

Dengue is a fast-spreading disease characterized by a severe flu-like illness that can cause severe complications that can lead to death. While dengue patients are at the frontline in battling the disease, their caregivers are the ones experiencing the challenge of ensuring the patients' recovery. Extant literature related to dengue focuses on the condition of the patients, their mental and emotional status, and the disease's effects. Previous studies about the dengue patients' caregivers are minimal. This qualitative phenomenological study aims to understand better the experiences of dengue patients' informal caregivers (parents/guardians). It describes the lived experiences and coping mechanisms of seven selected caregivers of dengue patients in Quezon, Palawan, Philippines, where there was a dengue outbreak in 2019. Three major themes were generated: challenges, care practices, and coping strategies. The challenges were financial difficulty, lack of knowledge about dengue, fulfilling too many roles, patients' behavior, physical and psychological health, and strained relationship with spouse. Care practices included personal care, herbal medicine, and caregiving strategies learned. Coping strategies were categorized as positive and negative. The caregivers demonstrated resilience in facing the challenges associated with caring for dengue patients, but data reveal that they needed assistance, too.

Keywords

experiences, coping, caregivers, dengue

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(33%) to hilly (31%) to mountainous (26%). Farming is the main source of livelihood in Quezon. Other alternative sources of income and subsistence are fishing and gathering of forest products (Mandap, 2000).

1. Introduction

Considering that Palawan is abundant in water bodies and forest areas, it is not safe and free from various diseases like dengue – a fast-spreading illness caused by mosquito bites. In 2018, Palawan recorded the highest number of dengue cases in the Occidental Mindoro, Oriental Marinduque, Romblon, and Palawan (MIMAROPA) Region (Formosa, 2018a). In numbers and percentages, as reported by Formosa (2018b), the province of Palawan recorded an increase of 239 % in dengue cases, with four deaths from January to August 2018. The rate illustrated 1,228 dengue cases from the 22 towns in Palawan. In 2019, Palawan topped the MIMAROPA region again, having the most dengue cases as of June 2019 (Magdayao, 2019b). The figures were 94.4 % higher compared with 1,375 cases in the same period in 2018 (Magdayao, 2019b). Among the 22 municipalities that registered dengue cases, Quezon logged the highest number, with 236 cases (Magdayao, 2019b).

Quezon is classified as a second-class municipality in Palawan. It consists of 14 villages (barangays) and has 9571 households in its locality. Its terrain ranges from flat

Severe dengue is a potentially deadly complication due to plasma leaking, fluid accumulation, respiratory distress, severe bleeding, or organ impairment. The term outbreak was first defined in 1562 as a sudden or violent increase in activity or currency. At present, an outbreak is represented in many types. An outbreak caused by disease is a manifestation of increased cases more than the normally expected cases in a community. It was an outbreak with the dengue cases rising rapidly in Quezon, Palawan. As a result, it was declared under a state of calamity (Magdayao, 2019a).

The most significant number of dengue cases ever reported globally was in 2019. All World Health Organization (WHO) regions were affected, and dengue transmission was recorded in Afghanistan for the first time. The American Region alone reported 3.1 million cases, with more than 25,000 classified as severe. Despite this alarming number of cases, deaths associated with dengue were fewer than in the previous year. A high number of cases were reported in Bangladesh (101,000), Malaysia (131,000), the Philippines (420,000), and Vietnam (320,000) (WHO, 2021).

Informal caregivers or caregivers who have no specific training first apply the alternative way to relieve the



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symptoms in dengue cases. Home care has gradually gained more importance, and it is a tremendous burden on the shoulders of caregivers. They help with directed care activities such as physical care, symptom management, and monitoring of changes. They perform in-house activities such as shopping, childcare, house care, cooking, and laundry while caring for the patient and ensuring patient safety (Ugur et al. 2014).

Given et al. (2001) reported that caregivers experience challenges in pain management, patient mobilization, daily life activities, communication with health personnel, symptom management, home medicine treatment, and the management of emotional reactions of the patients and often feel helpless and useless, especially when they cannot control the patient's pains. Caregivers should be prepared for home care to provide accurate and complete patient care (Ugur et al., 2014).

As stated in the study of Reinhard et al. (2008), caregivers are sometimes referred to as "secondary patients," who need and deserve protection and guidance. The researchers conducted this study to understand the caregivers' (parents/guardians) views of the dengue patients in the area. The objective of the present study was to determine the caregivers' experiences in taking care of the dengue patients, the problems they encountered in taking care of the patients from the beginning until recovery, and the coping strategies they used.

Most of the studies conducted related to dengue focused on the condition of the patients, their mental and emotional status, and the disease's effects. Previous studies about the patients' caregivers are minimal and focused on the overall well-being of caregivers themselves, regardless of their patient's condition or illness. For instance, the study of Ahmad Zubaidi et al. (2020) and Palacio et al. (2019) focused on the burdens and challenges of informal caregivers concerning their well-being. Moreover, the findings of the study of Frank et al. (2017) suggested that caregivers had basic knowledge about dengue but that misconceptions about the mosquito itself and confusion about other diseases (like malaria) influenced people's protective practices. The results of these studies are related to the study of Udawatte et al. (2020) that suggested that enhancing caregivers' knowledge, attitudes, and practices is a major factor to be addressed by the hospital staff to supply better inward care for dengue patients and minimize mortality. Hence, having adequate knowledge about the said disease, including proper handling and care of the patient, is important for the patient and the caregivers. In addition, according to the study of Legorreta-Soberanis et al. (2017), dengue cases pose an important economic burden on households in a dengue-endemic area.

On the other hand, the present study focused on the experiences of the informal caregivers, including their challenges and coping strategies. The previous studies focused more on studying a particular disease, its symptoms, and the age range of the most affected population. Still, the economic crisis and the psychological and emotional conditions of the caregivers were given less attention, especially in the Philippines. Hence, the present study aimed to raise awareness of the psychological and emotional difficulties experienced by caregivers and their resilience in coping with the task of caring for dengue patients. The results of this study can be used to formulate appropriate measures on how to assist the caregivers experiencing the same situation the participants of this study went through.

2. Methods

The present study describes the caregivers' experiences and coping mechanisms in caring for dengue patients. The participants were seven female caregivers who had experienced two or more cases of dengue illness in their families. The participants were all residents of Barangay Alfonso XIII, Quezon, Palawan, Philippines. The last dengue outbreak occurred in 2019, with a rapidly increasing number of cases recorded over the past years. Because of this, the National Disaster Risk Reduction and Management Council (NDRRMC) - Palawan placed the area under calamity.

Table 1 presents the participants' profiles, including their age, occupation, and the number of dengue patients in the household.

Participant Number	Code Name	Age	Occupation	Total Number of Dengue Patients Handled
1	Bebeth	38	Vendor	2
2	Gina	32	Homemaker	2
3	Merry	40	Homemaker	2
4	Nora	62	Homemaker	2
5	Net	64	Homemaker	2
6	Mae	37	Sales Attendant	3
7	Kay	43	Laundrywoman	2

The researchers used the Filipino indigenous researcher-researched relationship models for building rapport with the participants, such as: "*pakikisama*" – a Filipino value which means upholding a smooth interpersonal relationship by getting along with others or a group, "*pakikitungo*" – or civility, "*pakikibagay*" – or conformity, and "*pakikipagpalagayang-loob*"- or being in-rapport/understanding/acceptance with others.

Moreover, the Filipino indigenous research methods of *pagtatanong-tanong*, *pakikipagkwentuhan*, and *padalaw-dalaw* were also used. "*Pagtatanong-tanong* (asking questions)"- the repetition of "*tanong*" to "*tanong-tanong*" means solemnity of purpose, which further means that one is truly determined to get answers to one's questions was used in gathering the data. "*Pakikipagkwentuhan*" (storytelling / informal conversation) is a casual exchange of information, ideas, beliefs, thoughts, and experiences between the researcher and the participants. "*Padalaw-dalaw*" is repeated visits to the participants.

The researchers used phone recorders to record the entire conversation in all the interview sessions. The recorded interviews were transcribed. The researchers used the transcript as raw data to analyze thematic analysis to understand the study better. They interpreted, analyzed, and organized the data through multiple readings from the transcript. They aimed to find developing patterns and themes that were listed under the expressed objective of the study, which were the caregivers' experiences in taking care of the dengue patients, the problems they encountered in taking care of the patient from the beginning until the recovery, and the coping strategies the caregivers used.

Full consent was obtained from the participants before the conduct of this study. The participants were also informed about the nature and purpose of the research. Before the interview, they were likewise assured of the confidentiality of their identities.

3. Results

This study focused on the caregivers of dengue patients who cared for them from onset to recovery. It emphasized the experiences and coping mechanisms of the caregivers who had two or more dengue patients in their households. It yielded three major themes, namely: (1) challenges (financial difficulty, lack of knowledge about dengue, fulfilling too many roles, behavior of the patients, physical and psychological health, and strained relationship with the spouse), (2) care practices (participants' practices in taking care of their patients); and (3) coping strategies (how the participants handled or managed the whole situation).

3.1. Challenges

There are different kinds of challenges that caregivers encounter while taking care of dengue patients. Caregiving can include physical help with daily living, personal care, financial assistance, medical or emotional, and social support. Time management and age differences also come as a part of the challenge, especially if a person takes care of more than one patient.

3.1.1. Financial Difficulty

In this study, one of the challenges faced by the participants was financial difficulty. One of their primary concerns was their financial struggle because they did not expect dengue to be a severe disease, and most thought their patients only had a fever. Most of the caregivers' household income was only enough to suffice for their children's daily essentials like food, water, and school expenses, and nearly no money was saved. They stated that the disease caught by their family members also took a toll on them financially. Most of the participants stated that they had to go through specific measures to either earn or borrow enough money for the medication of their sick family members.

"Ayon utang utang talaga kay wala rin kami masyadong ipon ubos na agad nong sa una pa lang yong sa bunso ko." [We had to borrow money because we did not have enough savings, and it was already spent on my youngest child.]
–Gina

Borrowing money was the immediate solution for this. Another problem encountered was when the family's sole provider was the one who had dengue because they would have no other source of income. They had no savings to provide for medicine. According to the participants, they barely had enough to budget for the day, so having a dengue patient in the family was a burden. The study of Reinhard et al. (2008) supported the participants' claim, which reported that informal caregivers are unpaid individuals who provide care to a patient. Moreover, informal caregivers spend much time addressing their patients' needs. Therefore, informal caregivers have no time to do paid jobs to support their financial needs. Hence, their immediate solution is borrowing money instead.

3.1.2. Lack of Knowledge About Dengue

Knowledge of the disease will result in early detection of dengue and faster remedies that will allow caregivers to avoid a worse situation. However, this was not the case for the participants. Most of them stated that they lacked knowledge about the said fever and thought it was just the usual flu or cold that they did not give much attention to, resulting in late detection of the dengue fever and a worse condition for the patients. The following statement of a participant illustrates this challenge.

Di ko alam na ganon ang mangyayari kasi di ko naman alam na dengue akala ko tumutubo lang ngipin nya kasi namamaga ang gilagid nya tatlong linggo nga yon syang ganyan bago ko pa pina check-up. (...) sana nga nalaman ko at pina-check ko kaagad para naagapan" [I did not expect that it would turn out like that. I didn't realize that it's dengue. I thought it was just because of his teeth for his gums were swelling. It lasted for three weeks before I decided to have him checked. If I was able to detect it early and have him checked [by a doctor], maybe it would be prevented] – Mae

The experience itself provided life lessons to the participants. They learned that early disease detection was essential to alleviate or prevent its symptoms. They also learned some tips that will give them the advantage of providing proper treatment if the fever ever strikes again. Being knowledgeable about the disease would also decrease their concerns about money. The participants could also share and educate the people in their community on what and what not to do if the dengue fever would affect their household.

3.1.3. Fulfilling Too Many Roles

Too many responsibilities or roles were a real challenge to the caregivers because they had to attend to the needs of their patients and the rest of the household. Unlike professional nurses or caregivers who only focus on their patients, the participants were primarily mothers who cared for other household members.

"Habang naka-confine ito, don naman ako sa isa kung anak na nakaburol, ano gawa ko naman punta dun tapos uwi ako sa bahay, tapos tatawagan na naman ako ng kapatid ko kasi may reseta na naman. Takbo na naman ako doon, tapos ko bili ng reseta balik naman ako ng bahay, tapos inaasikaso ko rin mga anak ko." [During his confinement, I was also busy with the wake of my other son. I usually go there, then to my house and then my sister would still even call me to return there [at the hospital] to buy the prescribed medicines. Then after that, I still have to go back to our house to attend or take care of the needs of my children.] – Mae

On these occasions, the caregivers' effort doubled the amount needed to give time both for the family and work to support them and take care of them, especially to the patients. The participants had to be flexible with work and responsibilities in the house. The participants had to properly manage their time to make it less stressful for them.



Doing this also lessened the hardships of caring for the household, and they could do their duties properly.

3.1.4. Behavior of the Patients

The caregivers found it challenging to attend to children or teens compared to adults caring for them while sick. Children and teens could be picky in food, medicine, and temperamental, testing their patience and understanding.

"Mahirap lalo na kapag bata ang pasyente kasi di mo alam ang gusto kasi nga nag iinarte, eh kapag matanda di mo na kailangan pa pilitin kasi Syempre alam na nila na kailangan nila gumaling, tapos di ka ganun ka puyat pag bata puyat talaga ah monitor mo oras-oras dapat kaya grabe ang pagod." [It's hard especially when the patient is a child because you don't know what he wants. Unlike when the patient is an adult, you don't need to force him because he already knows that he needs to be well or recover; and also, you will have better sleep as compared when the patient is a child because you will have to monitor him from time to time. That's why it's a lot tiring.] – Net

The participants had more difficulty caring for younger patients because they were temperamental and picky. It became more difficult for the caregivers to deal with them because they could not compel the younger ones to cooperate. The patients' behavior could be understood that it was caused by them being sick.

3.1.5. Physical and Psychological Health

To care for the patients properly, the caregivers must ensure they have enough physical and mental strength for the patients and themselves. The caregivers' physical condition can also be affected, especially if they are the only ones caring for their sick family members.

Informal caregivers may experience benefits from providing care, such as feeling closer to the care recipient. Still, they also may encounter strains like having less time to care for themselves and their children or incurring costs due to providing support to someone with a chronic health condition (Bouldin et al., 2018). One of the participants said that she became too thin due to sickness.

"Syempre pumayat ka din, kay problema ba naman, tapos non mga ilang lingo lang ako naman nagkasakit." [Of course, you will lose weight, because of problems. Then after that, just after a few weeks, I also got sick.] – Merry

The caregivers were physically drained from taking care of their sick family members, affecting their psychological condition. Aside from the lack of rest due to taking care of both the household and the ill family member, the caregivers could not just go to sleep or rest easily because they also had to think about the other needs of the family, which resulted in restless nights. It even resulted in the caregivers giving less attention to their simple necessities.

It was also about the participants' mental health because they were the ones who took care of and were responsible for all things concerning the sick family member aside from buying the medicines prescribed by the physician. According to Bouldin et al. (2018), caregivers may

experience greater burdens associated with caregiving because caregiving may negatively impact health through increased stress or physical demands. One participant stated:

"Parang gusto ko bumigay, (...) Ewan ko blangko ako lutang ako para akong papel sa takot. Yung totoo di pa ako maayos. Iniisip ko (...) Iiyak muna ako ulit kasi paano kung mangyari na naman ulit. Mas lalo na akong malungkot, stress sobra. Hanggang ngayon pag naisip ko, naiiyak pa rin ako." [I feel like I already want to give up (...) I am spaced out and I was like a paper because of fear. To be honest, I am still not okay. I will cry again because what if it happens again. I will become sadder... stressed. Until now I am still crying whenever I think of it.] – Mae

Because of all the stressors and challenges the caregivers had to take and manage, they were mentally and physically affected while taking care of their sick family members. They could not think rationally and appropriately about household concerns and hospital bills because they knew their needs were almost intolerable. It caused the participants to experience anxiety and sleepless nights from overthinking.

The caregivers' mental health can be even more at risk when they perceive that the patient's care needs exceed their caregiving capabilities (Kazemi et al., 2021). Therefore, physical and psychological health are the most affected aspects in the lives of informal caregivers.

3.1.6. Strained Relationship with Spouse

There are some essential keys to keeping a relationship in times of complications. Time, communication, and understanding to overcome the whole situation are needed. When the researchers asked the participants about their situation as husband and wife, one participant responded:

"May kanya-kanya na kaming buhay. Simula talaga non wala na, nawalan na ako ng gana. Nakikipaghiwalay na ako sa kanya. Gusto ko sya ipakulam. Sana sya na lang namatay di na lang ang anak ko kasi sya mapalitan, yong anak ko hindi." [We have different lives now. Since then, I have lost my interest. I wanted to end our relationship and I even hoped for his death instead of my son for I can replace him, unlike my son.] – Mae

Because of their problem, the lack of time and communication affected their relationship as husband and wife. The intimacy decreased because of the constant challenges. With the continuous stressors, conflict of interest, and less time together to sort things out, the couples blamed each other for whatever happened to their family up to the point of separation.

3.2. Care Practices

Being in a rural area where access to the latest medicinal help is less, and the place they live in is bountiful of natural resources, these caregivers provided a variety of types of support and remedies, including taking their patients to medical appointments, helping them manage diet and medications at home, and facilitating their participation in social activities (Bouldin et al., 2018).

3.2.1. Personal Care

Care is a “regard coming from desire or esteem.” This study showed care as a desire to care for the patients to be cured or healed. According to the data gathered in the present study, taking proper care was also one of the participants’ problems. One of the participants described her experience related to this.

“Di makatulog nang maayos kasi kailangan mo rin sya i- monitor, tapos gigising ka na naman kasi titingnan mo kung ano yong gamot na ituturok sa kanya. Tapos di ka basta-basta makaalis kahit mag- ih kasi iiyak. Hilut-hilutin mo na naman kung saan ang masakit.” [I could get enough sleep because I had to monitor him. Then I had to wake up to check the medicines they would give him. I also could go anytime I wanted, even to the comfort room because he would cry, and I had to massage him.] – Gina

Based on the participants caring for the patients, it was difficult because of their lack of knowledge about dengue fever. It was challenging, especially for those with two patients. They did not know how to manage themselves because they were the only ones caring for them. They did everything to the best of their knowledge to take good care of their patients. The caregivers did not let the doctors do all the jobs. They lent their hands to offer some help.

3.2.2. Herbal Medicine

Based on the data, most participants used herbal medicine for remedies as it was much more accessible and affordable to them and was known to them to be very effective. This was confirmed by a participant, as shown in her statements below.

“Pinainom ko na lang ng tawa tawa kay walang pera. May nagturo sa akin na painumin daw ng maraming tubig tapos ano yong talbos ng papaya.” [I decided to give him tawa tawa (an herbal/medicinal plant) as a medicine because of a lack of money. Somebody taught me to provide him with plenty of water to drink then some papaya leaves] – Bebeth

According to the participants, the herbal medicines also worked and were just as effective. They were also not afraid to let their family member take the herbal medicine continuously because it was very effective and did not have side effects, unlike the prescribed drugs that could be taken a certain number of times a day only. It was also very affordable since it could be acquired from their backyard.

3.2.3. Caregiving Strategies Learned

Filipinos are resourceful and always add personal touches to everything they do. They look for strategies to address their situation, such as giving herbal medicine or paracetamol to decrease the worries that their sick family member might get worse.

“Ano yong ginawa ko sa unang apo ko ginawa ko sa kanya ulit sa apo ko na nagkasakit ng dengue. Syempre may alam ka na kung ano

dapat gawin sa dengue na sakit.” [I treated him the same way I did with my first grandson who also had dengue. Of course, I already know how to treat dengue.] – Nora

With this experience, those caregivers felt relieved knowing they could help the patients ease their pain. Because of this, they were able to prevent the worsening of the disease and also saved money. Overall, this also reduced the caregiver’s stress levels due to the situation.

3.3. Coping Strategies

Coping mechanisms are ways to deal with, manage, or adapt to the stress from the environment or within the body. Each person has a strategy for dealing with his/her stressors. These coping strategies are not only for actual health treatment payments. In addition to direct costs such as facility and medicine, indirect health treatment costs include unofficial payments, transportation, food, gifts, and lost income from missing work due to illness (Nguyen et al., 2011).

The next section presents the participants’ coping strategies, categorized into the coping strategies they used to overcome the challenges they experienced.

3.3.1. Positive Coping Strategies

There are different strategies people can use to cope with their problems. It can be their determination to overcome their situation. In this study, the researchers identified the participants’ five common positive strategies. (1) They came up with solutions (solution-oriented) to earn money, (2) kept a positive outlook towards the situation to avoid more stress and lessen worries, (3) kept working (perseverance) despite the hectic situation to make ends meet and pay debts to avoid another problem, (4) maintained good faith, and (5) sustained good family or social support.

“Kahit may sakit ako pinipilit ko maasikaso yong mga anak ko. Ako pa rin kikilos kasi yong asawa ko nagtatrabaho kahit di pa ganon kaayos kay karami naming bayarin. Sakit sa ulo pag may ga singil, di mo na alam sasabihin. Syempre kelangan rin nila ng pera kaya walang choice.” [I still take good care and attend to the needs of my children even though I am sick. I still need to do my duties because my husband is also working because we have too much debt to pay. It gives me a headache every time the lenders ask for our payment. Of course, they also need money, so we don’t have a choice.] – Gina

The participants’ determination to keep an open mind and continue their daily routines despite their problems kept them optimistic about recovering their sick family members. Even though they were physically, mentally, and emotionally tired, the caregivers kept working to provide solutions while caring for the family member affected by dengue fever. The participants did not want to waste time caring for their patients, keeping in mind that they did not want to have bigger problems afterward.



3.3.1.a Solution Orientedness

A person typically experiences challenges or problems daily, and looking for and providing answers or solutions is the usual reaction.

"Talagang gumawa ako ng paraan para mapagamot yong anak ko. Tinanggap ko na lang para sa mga anak ko kailangan din nila ako. Ewan hindi ko maisip kasi minsan darating din talaga na ganon hindi natin maisip na darating din talaga na magkakasakit tayo." [I make an effort for the treatment of my son. I accepted it for my children, they need me. I don't know. I never thought that we will be encountering this kind of situation, that we will be sick.]-Mae

The first instinct of the participants, when faced with the problem, was to provide solutions. They looked for not only one but multiple keys to provide for their sick family member. They did this with a complete commitment to provide for their sick family member and their entire household.

3.3.1.b Positive Outlook

Below are the participants' statements stating how they remained positive despite the difficulty of caring for their sick family members.

"Intisip ko na lang na gagaling sila." [I 'm just thinking that they will soon recover.]- Merry

"Isipin mo na lang talaga positive kasi pag negative naku lalo ka talaga ma-stress." [You'll have to think positive because if not, you'll become more stressed.]- Gina

"Ano relax lang isipin mo na lang gagaling kasi dinala mo na sa doctor." [Just relax, think he'll be fine soon since you already brought him to a doctor.]- Kay

Despite all the challenges in their situations, the participants kept a positive outlook on fighting their worries. Keeping a positive outlook throughout the process made them less anxious and distressed because their mind was set that their family members would get better eventually instead of jumping to negative conclusions.

3.3.1.c Perseverance

Perseverance is doing something despite difficulty or delay in achieving success. In the case of the participants of the current study, even though physical strength was also at its limit, they kept on doing what they had to do to improve the health of their sick family members.

"Kahit na may sakit ka naga ano, nagatrabaho ako kahit ano... minsan nga nag-ano... naglabada pa ako, kahit may sakit." [Even if I'm sick, I still work... Sometimes, I even do the laundry even if I'm sick]-Merry

Even though their physical strength almost gave up, the participants kept going. They kept on working and taking care of the sick members of the family. Their perseverance made them move forward and function to take care of their sick family members throughout the day.

3.3.1.d "Bahala na" Fatalistic Attitude (Leave Everything to God)

Filipinos are known to be religious and devoted. The country is rich in different religions, and Filipinos rely on their spiritual and emotional strength mostly in their faith. Their faith and belief can be substantial even amid harsh situations. Presented below are the caregivers' responses regarding their fatalistic attitude of "bahala na," which, according to Pe-Pua and Protacio-Marcelino (2000), is reflective of Catholicism in the Philippines.

"Parang sabihin mo na lang 'Diyos ko, bahala ka na', bahala na ang Diyos kung dugtungan nya pa ba. Sabing kritikal ang isip mo kaagad eh doon ka kakapit sa taas. Wala ka namang ibang kakapitan eh." [You'll just say "God, take care of this." It's in the hands of God if He will still let him live. When they say it's critical, you automatically submit it to God because you don't have anything or anyone to lean on.]- Kay

The faith of the caregivers was one of the sources of their strength. They clung to this faith and left their worries with their prayer, believing they would be answered and guided, no matter the outcome.

3.3.1.e Family and Social Support

Filipinos are known as family-centered and being generous in times of need. Employing love and support from their family and the people surrounding them, this kind of social support allowed the caregivers to recover quickly. A participant's response shown below describes this kind of support.

"Buti nga may tindahan dito na malapit nagautang kami. May mga kamag-anak dito. Mayroon din nagatulong, tsaka yon nga sa tulong ng mga ate ko dito, yong kuya ko. Nagautang kami dito." [It's good that there is a nearby store here, where we can borrow goods/items. We have relatives here. They're helping us. My older sisters and my brother also help. I borrow (money) here.]- Merry

In this connection, Kazemi et al. (2021) emphasized that support is needed to enable informal caregivers to continue in their role as long as possible, without compromising their physical or mental health. Effective and adaptive coping strategies may play a protective role in reducing the caregiver's distress.

Whether small or large, receiving support from family or peers was a great help for the caregivers. It somehow lightened the weight of their worries and relieved some of their stresses.

3.3.2. Negative Coping Strategies

This section presents the negative coping strategies used by the participants, which were incurring multiple debts and blaming other people, to deal with the challenges they experienced.

3.3.2.a Incurring Multiple Debts

Poverty is one of the crucial problems of most Filipino citizens; surpassing their everyday lives is never easy. To

solve this problem, participants of this study sought help from lending companies.

"Ano kahit bago pa lang kami dito nag-utang na ako sa microfinance para may panggastos." [I already borrowed money here at the microfinance for our daily needs even if we are new here.] –Marry

Some of the participants struggled financially and had to resort to borrowing money. It somehow decreased their confidence since they did not think it was appropriate, but they had to do it regardless of the consequences.

"Nakipag- away ako sa nurse kasi matagal na kami don di pa kami inasikaso. Tapos nong nalaman na 40 na lang platelet ng anak ko nagalit pa kasi bakit bago lang. Inaway ko nga." [I argued with the nurse because they did not attend to our needs even if we had been there for so long. She even got mad when she discovered that my son's platelets reached 40. So, I fought with her.] –Gina

"Nainis ako sa nanay nila kasi may sakit na nga di pa nagpadala ng pera pangpagamot kaya yong isa di na nadala sa hospital dito na lang sa bahay." [I was irritated with their mother because she didn't send money even though they were sick. That's why one of them stayed here at home instead of at the hospital.] – Nora

Because of the problems they experienced, the participants did not know how to vent their stresses. They got annoyed easily. They also tended to blame the situation on other family members or their partners to get it off their system. In this vein, the study of Kazemi et al. (2021) revealed that caregivers with a higher burden of care used more negative coping strategies, such as escape avoidance and distancing. Those two coping strategies are somehow related to blaming others as they suggest avoiding the responsibility and putting it on others instead.

4. Discussion

The findings and results of this study show that the participants were burdened by the challenges of being caregivers to their dengue patients in terms of physical, financial, and psychological aspects. Similarly, Given et al. (2001) reported that caregivers experience challenges in pain management, patient mobilization, daily life activities, communication with health personnel, symptom management, home medicine treatment, the management of emotional reactions of the patients and often feel helpless and useless, especially when they cannot control the patient's pains. Caregivers should be prepared for home care to provide accurate and complete patient care (Ugur et al., 2014).

Moreover, home care has gradually gained more importance, and it is a great burden on the shoulders of caregivers. They help with directed care activities such as physical care, symptom management, and monitoring of changes. They also perform in-house activities such as shopping, childcare, house care, cooking, laundry, patient handling, and ensuring patient safety (Wen & Gustafson, 2004).

The related studies mentioned above support the findings of this study that participants are burdened by the challenges of being caregivers to their dengue patient(s). The challenges were financial difficulty, lack of knowledge about dengue, fulfilling too many roles, patient behavior, physical and psychological health, and strained relationships with spouses. Data reveal that the caregivers' perceived challenges stemmed from the lack of awareness of dengue, including handling patients with dengue. In addition, this study dealt with the possible reasons behind those challenges. For example, it looked into why most caregivers first gave patients herbal medicines to relieve dengue symptoms. This study found that it was because of the caregivers' lack of knowledge about dengue and the financial issues they were going through. They chose an alternative way of treating the disease than sending their patients to a doctor.

To overcome these challenges, the participants utilized positive coping strategies such as finding solutions to their problems, keeping a positive outlook, persevering, maintaining faith, and sustaining family or social support. These strategies made them persist amid the problems they had to face. Faith was considered one of the caregivers' primary sources of strength among these strategies. Furthermore, their family and social support proved to be essential. With their family members' help, they could obtain assistance with concerns such as financial aid. This was reinforced by the study of Kazemi et al. (2021), which stressed that support is needed to enable informal caregivers to continue performing their role without compromising their physical or mental health.

Aside from the said positive coping strategies, the participants also employed negative coping mechanisms, which were incurring multiple debts and blaming other people. It is not uncommon to borrow money in times of need. It is one of the fastest and easiest ways. However, it is not all right and easy to borrow money all the time, and sometimes it also comes with consequences, especially if a person has multiple debts. False accusations or blaming others were also ways for the participants to vent their frustration about their situation. Instead of trusting the professionals, they tended to doubt their practices and falsely accused that whatever they were going through was underestimated. This was related to the study of Kazemi et al. (2021), which reported that caregivers with a higher burden of care used more negative coping strategies.

5. Conclusion and Recommendations

The informal caregivers of dengue fever patients dealt with several challenges. Most of the challenges they encountered stemmed from the lack of prior knowledge of the illness. The caregivers were not aware of such diseases that they were taken aback or caught off guard. They were alarmed that such a disease would strike their household and cause ordeals. They also experienced hardships in terms of finances, performing too many roles, and patient behavior. The said outbreak also affected the caregivers' physical condition or health and their psychological well-being. They were also unaware of how to handle and properly care for sick family members. Thus, this resulted in the caregivers experiencing stressors that made the experience more challenging. The participants' emotional involvement in the situation also affected their relationship



with their spouses. The feeling of anger or resentment was demonstrated by blaming their partners.

The caregivers faced multiple challenges and problems that resulted in various coping strategies fueled by their own beliefs and knowledge. Fatalistic attitude, assistance, and moral support from friends, relatives, and neighbors allowed them to pull through their situation. Through these, the caregivers of the dengue fever patients coped with the dengue fever outbreak that significantly affected their households.

Considering the results of this study, it is recommended that the local government units intensify the information dissemination campaign regarding the prevention and treatment of dengue. It is also recommended that emotional, psychological, and social support be provided to the informal caregivers of dengue patients.

Declaration of Conflict of Interest

The researchers declare that no conflict of interest is involved in the study.

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