



Skills, Knowledge, and Attitudes of Home Caregivers of the Elderly in General Santos City

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ABSTRACT

This study examined the skills, knowledge, and attitudes (SKA) of Filipino household caregivers providing home-based care to elderly individuals in selected cities in Region XII, Philippines. It aimed to identify caregivers' strengths and gaps to inform the development of the KinCare brochure, a culturally appropriate educational resource.

A quantitative descriptive research design was employed, involving 145 caregivers selected through convenience sampling. Data were collected using a structured questionnaire covering demographic profile and five domains of caregiving: functional status, physical health, cognitive function, social status, and spiritual condition. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to analyze the data.

The findings revealed that the majority of caregivers were aged 31–50 years, married, and part of nuclear families, with most belonging to low- to middle-income households. In terms of educational attainment, most respondents were college and high school graduates, indicating the capacity to understand structured educational materials. Financial support was primarily derived from pension and assistance from children.

In terms of SKA, caregivers demonstrated proficiency in functional status (9.90), physical health (8.64), and social status (8.90), indicating strong capability in performing daily caregiving tasks and maintaining interpersonal relationships. However, lower mean scores were observed in cognitive function (7.51) and spiritual condition (4.79), highlighting gaps in managing cognitive decline, dementia, and providing emotional and spiritual care.

The study concludes that while Filipino caregivers are competent in routine caregiving and are strongly influenced by cultural and familial values, they require additional support in more complex caregiving domains. These findings underscore the need for a practical, accessible, and culturally responsive educational intervention, such as the KinCare brochure, with emphasis on cognitive and spiritual care, low-cost strategies, and home-based applications.

Keywords: Filipino caregivers, elderly care, skills knowledge and attitudes, home-based care, dementia care, spiritual care, KinCare brochure

INTRODUCTION

The elderly are living testaments of resilience and wisdom, carrying the stories and lessons that shape our humanity. Caring for them is not just a duty but a privilege—preserving the roots of our past while honoring the dignity they deserve.

The aging population plays a crucial role in the economy and the family unit. Older individuals remain active in the workforce for reasons ranging from financial necessity to personal fulfillment and the desire to remain socially and mentally engaged (LaPonsie, 2024). In addition to their economic contributions, elderly individuals are integral family members. Despite the decline of the extended family structure in modern times, many senior citizens continue

to live with their families, providing significant support in various forms. A study on senior citizens in the Ampara district, Sri Lanka, found that 95% of elderly individuals lived with their family members, where they played key roles in maintaining household activities, offering guidance, providing counseling, and even contributing financially (Ayoob, 2020). These roles are often driven by factors such as physical fitness, economic need, and the desire to stay socially connected.

Elderly individuals, therefore, contribute immeasurably to the family dynamic, offering emotional and financial support that helps maintain the stability of the household. However, their health and well-being must be prioritized for them to continue fulfilling these vital roles. Adequate caregiving, grounded in both knowledge and cultural sensitivity, ensures that aging individuals can continue contributing effectively, whether in the workplace or at home. By supporting these individuals with the right care, society can preserve their valuable contributions, benefiting both the economy and family structures alike.

The Philippines is one of the many countries facing significant demographic shifts, with a growing proportion of its population entering older age. According to the Philippine Statistics Authority (PSA, 2020), the number of elderly Filipinos aged 60 and above is expected to reach 10 million by 2030, representing a significant portion of the population in need of care. Filipino culture is deeply family-oriented, and elderly individuals often serve as respected figures of wisdom within their households.

In this close-knit family structure, older adults typically live with their relatives, making the family the primary source of their care. As the majority of elderly Filipinos receive care at home from family members (Jurado et al., 2020), it becomes crucial to assess the readiness of these household caregivers. Evaluating their knowledge, skills, and attitudes toward geriatric care is essential to ensuring that they can provide the necessary support for their aging loved ones.

We have highlighted how Filipino families play a crucial role in the care of elderly relatives, often taking on the responsibility of providing healthcare in the home setting. However, many household caregivers may lack sufficient knowledge and resources to effectively address the unique needs of aging family members. This gap in caregiving preparedness can lead to challenges in ensuring the physical and emotional well-being of the elderly. This is a cause for concern as the elderly population is prone to medical-related problems, which is an inevitable outcome of aging. Dayon (2024) has conducted a study of the elderly population of General Santos City and found areas of concern from the target respondents, ranging from medical and financial problems directly related to their health.

The development of a KinCare brochure serves as a valuable resource for household caregivers, providing essential information on proper health care practices for the elderly. By offering practical tips, guidelines, and cultural considerations, a KinCare brochure can help family members better understand the medical, social, and emotional needs of older adults. Such resources empower household caregivers to deliver informed, compassionate, and effective care, improving the quality of life for their elderly relatives and ensuring that they receive the support they need to age with dignity and health. This is an essential step in mitigating health issues which is partly the fault of Philippine's low health literacy (Mateo, 2014).

Relatives are the primary caregivers of the elderly in the Philippine setting and it is culturally ingrained in Filipino society but little research exists that comprehensively examines the level of knowledge and attitudes of Filipino household caregivers toward geriatric care in the home setting. Further, transcultural nursing frameworks suggest that cultural attitudes and values play a significant role in shaping caregiving behaviors. However, there is limited empirical data on how these cultural factors influence caregiving practices in Filipino households.

To bridge this gap, this study aimed to provide insights into the preparedness of Filipino household caregivers and their cultural caregiving practices. These findings informed the development of a KinCare Brochure tailored to Filipino households, incorporating cultural perspectives and evidence-based caregiving strategies to enhance home-based geriatric care.

CONCEPTUAL FRAMEWORK

This study is focused on the assessment of key factors such as skills, knowledge, and attitudes, as well as demographics, to create a comprehensive Kincare brochure that addresses the caregiving needs of Filipino families with geriatric members. The brochure's content will be informed by these variables, ensuring that it is relevant and useful to the intended caregivers.

The independent variables in this framework are the demographics, skills, knowledge, and attitudes of the household caregivers. Demographics such as the type of family, income, number of household members, home structure, and pension provide valuable insight into the caregiving environment. These factors are essential because they offer a context for understanding the resources and limitations caregivers may face. For instance, caregivers from households with fewer resources may have different caregiving practices compared to those with more financial support.

The skills of the caregivers are another critical aspect. These include their ability to use traditional medicine, make informed decisions, and seek professional care when needed. The caregivers' skills in these areas directly impact how they approach the care of elderly family members. Understanding their skills allows for the creation of a brochure that provides practical advice and guidance based on their existing knowledge and abilities.

Knowledge is also an important factor, particularly regarding geriatric care, geriatric abuse, and chronic diseases. A caregiver's knowledge in these areas ensures they are well-prepared to manage the complex health needs of elderly individuals. The brochure will aim to bridge any gaps in caregivers' knowledge by offering clear, informative content about common issues they might encounter in the care of elderly family members.

The attitudes of caregivers, including their sense of responsibility, cultural duty, and perception of elderly health needs, influence how they approach caregiving tasks. Household caregivers who have a strong sense of responsibility and cultural duty are more likely to engage in proactive and compassionate care. Understanding these attitudes will help tailor the brochure to resonate with the emotional and cultural aspects of caregiving in the Filipino context.

The dependent variable in this framework is the Kincare brochure, designed to address Filipino caregivers' identified needs. The brochure's content will be shaped by the information gathered from assessing the demographics, skills, knowledge, and attitudes of caregivers. By understanding these factors, the brochure aims to provide caregivers with useful, culturally appropriate, and practical information that can help improve their caregiving practices and support their well-being as they care for elderly family members.

Figure 1. Conceptual Framework



THEORETICAL FRAMEWORK

This study was guided by two primary theoretical frameworks:

Leininger's Transcultural Nursing Theory and the Health Belief Model.

Leininger's Transcultural Nursing Theory emphasized the role of culture in healthcare and nursing practice. According to Leininger, care was a universally recognized human need, but the way care was given, received, and understood varied significantly across cultures. The theory advocated for the integration of cultural knowledge into nursing practice to provide culturally congruent care that respected and aligned with the values and beliefs of patients and families. In the Filipino context, family-centered caregiving practices were central to elderly care, and understanding how cultural beliefs shaped these caregiving roles was crucial for improving care outcomes.

Health Belief Model

The Health Belief Model (HBM), developed by Rosenstock (1974), posited that individual health behaviors were influenced by personal perceptions of health risks, benefits of taking action, and barriers to action. In the context of geriatric care, caregivers' attitudes and behaviors toward elderly care were influenced by their perceptions of the elderly person's health needs, the importance of caregiving tasks, and the challenges they faced. The model helped examine the caregivers' motivation to engage in effective care practices based on their knowledge, attitudes, and perceptions.

BronfenBrenner's Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory, as detailed by Crawford (2020), represented an interdisciplinary approach that merged biological, psychological, and social sciences to explore how individuals interacted with interconnected systems within their environment. This theory emphasized that human development was influenced not only by direct interactions in an individual's immediate surroundings but also by the broader social, cultural, and institutional contexts, even those that seemed remote. By considering these interrelated systems, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, the theory provided a robust framework for understanding the complexities of caregiving practices.

In the context of this study, the Ecological Systems Theory offered critical insights into how Filipino caregivers' skills, knowledge, and attitudes were shaped by their multifaceted environments. The microsystem focused on immediate interactions between caregivers and elderly relatives, including family dynamics and the caregiving relationship. The mesosystem explored how connections between the home and external systems, such as healthcare providers and community support, influenced caregiving behaviors. At the exosystem level, factors such as socioeconomic conditions, government policies, and access to resources indirectly impacted caregiving practices. The macrosystem considered the influence of Filipino cultural values, such as filial piety and respect for elders, on caregiving attitudes. Lastly, the chronosystem highlighted the role of time in shaping caregiving responsibilities, including life transitions and generational shifts in caregiving norms.

Review of Related Literature and Studies

This section presents a comprehensive review of relevant literature and studies that underpin and support the study's key variables and arguments. Specifically, it focuses on the skills, knowledge, and attitudes of primary caregivers of geriatric individuals within the Philippine context.

Filipino Caregiving Practices

Caring for elderly relatives is a significant aspect of Filipino culture, rooted in a deep sense of familial duty and respect for elders. This responsibility traditionally falls to younger family members, particularly daughters or

daughters-in-law, often without formal training (Medina, 2019). Filipino caregiving practices are largely influenced by cultural expectations, where informal knowledge and emotional support play a critical role in providing care. However, this reliance on familial and cultural practices can sometimes hinder caregivers' understanding of medical and nursing care, which may be especially challenging when managing more complex health issues (De Guzman et al., 2017).

The cultural norm of caring for family members, especially the elderly, is deeply embedded in Filipino values. As highlighted by Jonas (2023), caregiving is seen as a natural responsibility, often falling on those who are unemployed or in situations where a family member can sacrifice their job to take on this role. This dedication to caregiving within Filipino families can be seen in the stories of individuals, such as the experience of an Overseas Filipino Worker (OFW) named Jam, who juggles the responsibilities of caregiving and work. His daily routine, which includes preparing meals, assisting with medical appointments, and performing household chores, underscores the emotional and physical toll caregiving can take. While some family caregivers share the responsibility, many, like Jam, face significant challenges due to the lack of professional training and the strain on their personal and professional lives.

Filipinos view caregiving as a deeply ingrained cultural value, and the decision to send an elderly family member to a nursing home is often seen as a last resort. Filipino families prefer to care for their elders at home, as they see it as a natural extension of their familial roles. While formal caregiving, such as the use of professional nursing homes, has become more common in recent years due to the increasing complexity of health conditions like Alzheimer's, the primary focus remains on familial caregiving. The deep-rooted cultural values of respect and care for the elderly continue to shape Filipino caregiving practices, with the expectation that family members, especially younger ones, will bear the responsibility of care (Lacaba-Bago, 2020).

Skills and Knowledge in Geriatric Care

The effectiveness of caregiving largely depends on the caregiver's knowledge and skills, especially in managing the complex health needs of older adults. A study by Sari & Ramli (2020) highlighted that caregivers in the Philippines often possess a strong sense of duty and cultural value for family caregiving but lack formal training in managing chronic diseases common in older adults, such as diabetes and hypertension. This gap in knowledge and skills often leads to challenges, such as medication errors, inadequate monitoring of symptoms, and improper management of physical conditions. Bastable & Grzywacz (2019) further emphasize that caregiving without a foundation in evidence-based practices risks compromising the health and safety of older adults, especially those with multifaceted medical needs.

Adding to this discussion, Burgdorf et al. (2022) explored barriers and facilitators to family caregiver training during home health care (HHC). Their findings underline the critical role of caregiver education in improving outcomes for older adults. Burgdorf et al. noted that effective training is often hampered by systemic challenges, such as limited reimbursement structures, insufficient clinician–caregiver communication, and poor discharge planning. For example, the COVID-19 pandemic exacerbated these issues by limiting caregivers' access to hospital staff for critical training and information exchange. These barriers highlight the need for structured and accessible caregiver education programs to bridge the gaps between hospital discharge and home care settings.

Similarly, Schulz and Eden (2016) identified the importance of caregiver interventions, such as education, skills training, and environmental modifications, in addressing the complexities of geriatric care. They found that tailored training programs not only enhance caregivers' confidence and ability to manage care but also improve the quality of life for care recipients and delay their institutionalization. The study emphasized that effective interventions are characterized by their alignment with caregivers' specific needs and preferences, highlighting the importance of personalized and culturally sensitive training. However, the authors also noted significant barriers to widespread implementation of these interventions, such as a lack of resources, systemic limitations, and insufficient diversity in caregiver studies.

The research by Schulz and Eden aligns with Burgdorf et al.'s emphasis on the importance of clinician–caregiver communication and tailored training. Both studies stress that caregiver education must go beyond general information dissemination to include active participation and skill-building tailored to specific caregiving contexts. This approach ensures that caregivers are not only informed but also equipped with the practical skills necessary to manage the physical, emotional, and social needs of older adults effectively.

Taken together, these studies underscore the critical need for evidence-based, structured training programs for caregivers. Addressing these gaps in skills and knowledge can lead to better health outcomes for older adults, reduce caregiver burden, and delay the need for institutional care. For Filipino caregivers, culturally adapted interventions that respect local practices while integrating global best practices can be particularly impactful. By enhancing caregivers' knowledge and skills, it becomes possible to provide holistic and effective geriatric care, thereby improving the quality of life for both caregivers and care recipients.

Cultural Influences and Attitudes on Caregiving

Cultural beliefs and values significantly shape caregiving attitudes. In Filipino culture, the concept of "bahala na" (a fatalistic attitude) and the idea of enduring suffering for family can sometimes lead to caregivers neglecting their own well-being, which may result in physical and emotional burnout (Jurado et al., 2020). This is particularly concerning in light of Felipe-Dimog et al. (2021), who emphasize that the traditional Filipino culture of filial piety, where families are expected to care for their elderly members, often places the burden of caregiving solely on family members. In this context, the tendency to neglect one's own well-being may be further exacerbated by societal expectations, with caregivers feeling an overwhelming sense of duty that pushes them to sacrifice their health and personal needs. Felipe-Dimog et al. (2021) point out that such cultural practices, while fostering strong family ties, can sometimes lead to caregiver burnout, as the caregivers' physical and emotional health may be overlooked in the process of fulfilling their caregiving duties.

On the other hand, positive cultural practices, such as strong familial bonds and respect for elders, are associated with compassionate caregiving (Ponce et al., 2022). These cultural values encourage caregivers to take pride in their role, fostering a sense of fulfillment and connection with the elderly they care for. However, the research by Pharr et al. (2012) reveals that caregiving is not universally experienced in the same way across all cultural groups. For instance, African, Asian, and Hispanic American cultures share a similar view of caregiving as a cultural mandate, deeply embedded in familial values. In these communities, caregivers are not only seen as fulfilling a familial duty but are also guided by a sense of cultural obligation, which can provide a sense of purpose and community. Yet, this cultural norm can also contribute to caregivers feeling overwhelmed, especially when societal pressures and expectations conflict with their personal needs.

Furthermore, Falzarano et al. (2020) highlight that caregiving within collectivist cultures, such as Hispanic and African American communities, is strongly influenced by the value of familism, which often ties caregiving responsibilities to broader family networks. This sense of collectivism may enhance caregiving outcomes, providing emotional support and resources from the extended family. However, as caregivers become more acculturated, particularly those from Hispanic backgrounds, the value of familism may weaken over time, leading to different caregiving experiences based on the caregiver's level of integration into mainstream society. This shift can influence how caregivers perceive their role and their own well-being, either increasing the pressure to care for family members or offering relief if caregiving duties are shared or seen as less obligatory.

In light of these studies, understanding how caregiving is shaped by cultural values and norms is crucial for designing interventions that can improve caregiving outcomes. By acknowledging the delicate balance between fulfilling cultural duties and caring for oneself, healthcare providers can offer more holistic support for caregivers, addressing both their physical and emotional needs. Educating caregivers on the importance of self-care, while respecting their cultural perspectives, can help mitigate the risks of burnout and improve the quality of care for elderly family members.

Transcultural Nursing and Elder Care

Transcultural nursing provides a framework for understanding how culture impacts the caregiving process. Studies by Leininger (2002) and other scholars have emphasized the importance of cultural competence in nursing practice. Culturally competent care is especially important when working with family caregivers from diverse cultural backgrounds, as it allows healthcare providers to better understand the caregiver's challenges and provide appropriate support.

The Filipino elder presents unique implications for nursing practice, as noted by Wilson and Billones (1994). They emphasize that knowledge of cultural heritage is crucial for assessing the individual needs of elderly Filipino patients. Ethnic identity strongly influences how illness is perceived and defined, which in turn shapes the expectations of both caregivers and clients in the nurse-client relationship. For instance, newly immigrated Filipino elders may carry distinct cultural values that require nurses to understand their heritage to establish trust and provide effective care.

In the context of the Philippines, a study by Calaranan et al. (2024) highlights the profound influence of cultural frameworks on nursing practices. Filipino nursing is deeply rooted in cultural values such as Family-Centered Care, respect for elders, and holistic patient care that integrates spirituality and faith. The Bayanihan Spirit, which emphasizes communal unity and support, further enriches nursing practices, fostering resilience and adaptability among healthcare providers. These cultural strengths contribute to the uniquely compassionate approach to elder care in the country.

However, the study also identifies gaps in cultural sensitivity training, with 11 out of 28 respondents reporting a lack of preparedness to work with diverse populations. Challenges include limited accessibility to healthcare for marginalized groups, disparities in care quality, and inadequate emphasis on cultural competence in nursing education. These barriers underscore the need for transcultural nursing education programs, community immersions, and continuous training to bridge these gaps. Strategic interventions, such as the use of visual aids and hands-on training, have shown promise in enhancing cultural sensitivity and inclusivity.

By addressing these challenges and building on the strengths of Filipino cultural values, transcultural nursing can empower caregivers and healthcare providers to deliver patient-centered care that respects and integrates diverse cultural beliefs and practices.

The Effectiveness of Brochures as Educational Tools

The use of brochures as a medium for health education has shown mixed outcomes depending on the target audience, content design, and context of distribution. Brochures can be an effective tool for enhancing awareness and influencing behavior when designed with attention to readability, appearance, and audience-specific content. A study by Wao et al. (2014) emphasized the importance of these factors in creating evidence-based brochures for promoting routine HIV testing among youth. Their findings revealed that adults and youth perceived the brochures differently, with adults more likely to report a change in belief and find the brochures informative enough to prompt action. This highlights the need to tailor content not only to the target audience's knowledge level but also to their cultural and cognitive frameworks, ensuring messages are both engaging and actionable.

The potential of brochures to significantly enhance knowledge retention is further supported by Bester et al. (2016), who evaluated brochures distributed to healthcare professionals as part of a risk minimization strategy. Their study demonstrated that respondents who received and engaged with the brochures showed markedly higher retention and understanding of the communicated risks compared to those who did not receive them. This suggests that when targeted and content-specific, brochures can be a powerful tool for information dissemination and behavior modification. These findings align with the goals of the KinCare brochure, which aims to educate family caregivers of elderly Filipino patients on culturally relevant practices for geriatric care.

Similarly, the impact of brochures on improving awareness and prompting behavioral changes is evident in research on early stimulation of toddler development. Shalahuddin et al. (2025) found a significant improvement in mothers' knowledge after receiving health education via brochures, with participants showing a 15.8% increase in understanding scores.

This reinforces the potential for brochures to serve as a transformative medium for educating caregivers, particularly when addressing specific gaps in knowledge. However, the study also underscores the necessity of well-structured content that resonates with the needs and priorities of the target audience, a principle that is critical to the success of the KinCare brochure.

Despite their benefits, brochures as standalone educational tools have limitations. Hasanica et al. (2020) observed that while printed materials like brochures and posters could influence short-term knowledge and attitudes, their long-term effectiveness was less significant compared to other methods of health education.

The study concluded that alternative approaches, such as interactive workshops or digital tools, could enhance engagement and retention. This finding is relevant to the KinCare initiative, suggesting that integrating supplementary interventions, such as group discussions or hands-on training, could address the inherent limitations of printed brochures.

In conclusion, the effectiveness of brochures as educational tools depends on their ability to address the specific needs of their audience through thoughtful content design, cultural relevance, and strategic supplementation with other methods. The KinCare brochure's potential lies in its targeted focus on Filipino caregivers, leveraging culturally sensitive themes to bridge knowledge gaps while recognizing the importance of reinforcing its impact through interactive and community-based approaches.

Statement of the Problem

This study aimed to fill this gap by exploring the skills, knowledge, and attitudes of Filipino caregivers toward managing the health and well-being of their elderly relatives at home. Specifically, the study addressed the following research questions:

1. What is the demographic profile of Filipino households in terms of:
 - 1.1 age
 - 1.2 marital status;
 - 1.3 type of family;
 - 1.4 income;
 - 1.5 number of household members;
 - 1.6 educational status of family members and caregivers; and
 - 1.7 financial support source?

2. What is the SKA of Filipino caregiver providers in terms of?
 - 2.1 Functional status;
 - 2.2 Physical health;
 - 2.3 Cognitive function;
 - 2.4 Social status; and
 - 2.5 Spiritual condition?

3. Based on the result of the study, what are the needs of Filipino caregivers that need to be addressed and highlighted in the KinCare manual to improve geriatric care?

Significance of the Study

This study on the knowledge, skills, and attitudes of Filipino caregivers with geriatric family members and the development of a Kincare brochure holds significance for several groups and organizations. Each group can benefit from the findings in distinct ways.

Filipino household caregivers. Filipino family household caregivers will directly benefit from the insights provided by the Kincare brochure. The brochure will be designed based on their demographic profile, knowledge, skills, and attitudes, providing them with practical advice, guidance, and support in caring for elderly family members. This will empower them to provide better care, reduce caregiving stress, and enhance their understanding of elderly care needs.

Healthcare Providers. Healthcare professionals, including doctors, nurses, and social workers, will benefit from the findings as they gain a deeper understanding of the caregiving landscape in the Philippines. The study's insights into caregivers' knowledge and attitudes will enable healthcare providers to tailor their advice and training, improving communication with caregivers and enhancing the quality of care provided to geriatric patients.

Non-Governmental Organizations (NGOs) and Community Groups. NGOs and community-based organizations that support elderly care or family caregiving initiatives will find the results useful in shaping their programs. By understanding the demographic and caregiving characteristics of Filipino families, they can create more targeted interventions, resources, and support systems to assist caregivers in managing their responsibilities and improving the care for elderly family members.

Government Agencies (e.g., Department of Social Welfare and Development, National Commission of Senior Citizens). Government agencies focused on the welfare of senior citizens and family caregivers can use the study to inform policy development. The findings will provide evidence on the existing caregiving challenges, enabling policymakers to create more comprehensive support structures, educational programs, and financial assistance schemes aimed at Filipino caregivers, ensuring better care for the elderly population.

Academia and Research Institutions. Research institutions and academic programs in nursing, gerontology, and social work will benefit from the study as it provides valuable data and insights into caregiving dynamics in the Philippine context. This study can contribute to future research, curriculum development, and academic discussions surrounding elderly care, caregiving, and health promotion.

Developers of Caregiving Resources and Materials. Organizations or individuals involved in creating educational resources, caregiving manuals, and informational brochures will benefit from the findings by using the study's insights to design more effective and culturally appropriate caregiving materials. These resources will better address the specific needs, skills gaps, and challenges that Filipino caregivers face, improving the accessibility and relevance of caregiving information.

Scope and Limitation of the Study

This study aimed to assess the skills, knowledge, and attitudes of Filipino caregivers providing care to geriatric relatives within General Santos City. The primary focus was on caregivers who were directly involved in the daily care and management of elderly family members. The study evaluated various aspects of caregiving, including the use of traditional medicine, decision-making in caregiving, knowledge of geriatric care, chronic diseases, and elder abuse, as well as caregivers' attitudes toward their responsibilities and cultural duty.

The study also examined the demographics of the caregivers, including family structure, income, household size, home structure, and pension status, to understand how these factors influenced caregiving practices and needs. Based on these findings, the study contributed to the development of a KinCare brochure aimed at providing Filipino

caregivers with relevant and practical information to improve their caregiving practices. The brochure was tailored to meet the specific needs of caregivers in General Santos City, addressing the challenges they faced in caring for geriatric relatives.

This study was limited to Filipino caregivers in General Santos City, which may not have been representative of caregivers in other regions of the Philippines. The findings may therefore have reflected the specific cultural, economic, and social context of General Santos City and may not have been generalizable to other areas.

The number of Filipino caregivers assessed in this study was 400, based on the count of 36,000 in the geriatric population in General Santos City, assuming that this population had a caregiver within their household. The study relied on self-reported data, which may have introduced biases in how caregivers perceived their skills, knowledge, and attitudes. Additionally, the study only assessed caregivers' perceptions and did not directly measure the actual quality of care provided to geriatric relatives.

The scope of the study was also limited to caregivers of elderly individuals aged 60 years and above, excluding those who cared for younger individuals with disabilities or other health conditions. Furthermore, the study focused on the demographic factors mentioned earlier, and other factors that might have influenced caregiving (such as caregiving duration) were not explored in depth. Lastly, while the study informed the creation of the KinCare brochure, it did not evaluate the brochure's effectiveness after its distribution, which would have required a separate assessment.

Definition of Terms

Numerous definitions are provided here to aid in comprehending this study.

Filipino caregiver: A Filipino caregiver refers to an individual who takes on the responsibility of providing care and support to a family member or loved one who is elderly, ill, or otherwise in need of assistance, often within the household setting. The caregiver may be either employed or unemployed and is typically a family member such as a child, sibling, spouse, or grandchild.

For this study, a Filipino caregiver is defined as a Filipino citizen who provides physical, emotional, and financial care to an elderly family member, aged 60 years and above, in the household. This caregiver may or may not be professionally trained in caregiving, but is responsible for the day-to-day management of the geriatric relative's needs, such as helping with activities of daily living, medication, and emotional support.

Geriatric relative: A geriatric relative refers to a family member who is elderly, typically aged 60 years or older, and may require assistance due to aging-related health issues, disability, or chronic conditions. These relatives may face challenges in performing everyday activities and are dependent on caregivers for support.

In this study, a geriatric relative is any family member, aged 60 years or older, who requires assistance in activities of daily living (ADLs) due to aging-related health problems such as chronic diseases (e.g., hypertension, diabetes, arthritis), mobility limitations, or cognitive decline. The elderly relative is a dependent individual who receives care from a Filipino caregiver in the household.

Skills: This refers to the abilities or competencies that an individual possesses, which allow them to perform tasks effectively and efficiently. In the context of caregiving, skills encompass the practical know-how and expertise required to provide quality care to a geriatric relative, including technical abilities and decision-making. For this study, skills are defined as the specific competencies a Filipino caregiver demonstrates in managing the physical, emotional, and medical needs of a geriatric relative. These skills include the use of traditional medicine, decision-making related to caregiving (e.g., when to seek professional help), and the ability to seek and utilize professional healthcare services. Skills will be assessed based on the caregiver's practical actions and their ability to manage daily caregiving tasks.

Knowledge: Knowledge refers to the understanding and information an individual possesses about a particular subject. In the context of caregiving, knowledge includes both theoretical and practical understanding regarding the care of elderly individuals, including the management of chronic diseases and the prevention of abuse. In this study, knowledge is defined as the awareness and understanding a Filipino caregiver has regarding key aspects of geriatric care. This includes knowledge about geriatric health (e.g., physical and mental health changes in the elderly), chronic diseases (e.g., diabetes, hypertension), and elder abuse prevention. Knowledge will be assessed using a series of questions designed to evaluate the caregiver's familiarity with these topics and the depth of their understanding.

Attitude: Attitude refers to an individual's predisposition or mindset towards a particular subject or task. In caregiving, attitude reflects the emotional response, values, and perceptions a caregiver holds regarding their role and the elderly person they care for. In this study, attitude is defined as the Filipino caregiver's mindset and perceptions related to their role as a caregiver for a geriatric relative. This includes their sense of responsibility, cultural duty to care for elderly family members, and their perception of elderly health needs. Attitude will be assessed through a series of questions aimed at understanding the caregiver's beliefs, values, and emotional investment in their caregiving responsibilities.

KinCare Brochure: The KinCare brochure is an informational and educational resource designed to provide caregivers with essential knowledge, skills, and guidance on how to care for their elderly relatives effectively. The brochure is intended to serve as a practical tool for Filipino caregivers, offering advice and strategies tailored to their specific needs and cultural context.

In this study, the KinCare brochure is defined as a printed or digital informational material created based on the findings of the study. It will focus on improving caregiving practices by addressing the specific skills, knowledge, and attitudes identified as significant for Filipino caregivers. The brochure will include topics such as elder abuse prevention, chronic disease management, decision-making, and the use of traditional medicine in caregiving. It will be developed with input from caregivers' demographic data to ensure its relevance and cultural appropriateness.

RESEARCH METHODOLOGY

This chapter extensively discussed the researcher's plan for conducting the study, detailing the types of data collected, the techniques employed to gather these data, and the procedures that were utilized.

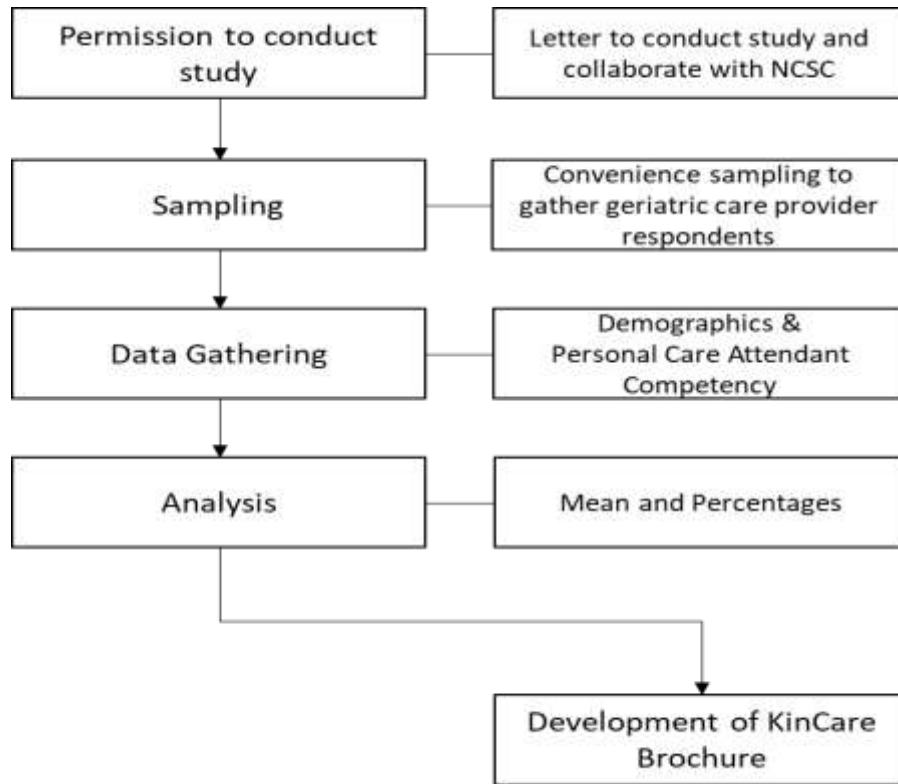
Research Design

This study employed a descriptive research design to assess the skills, knowledge, and attitudes of caregivers in the home management of geriatric relatives. This design was appropriate as it sought to systematically describe the existing caregiving practices and the demographic context of the caregivers. By analyzing the collected data, the study aimed to identify gaps, strengths, and areas requiring emphasis in the proposed KinCare brochure.

Data was gathered using a structured checklist, which served as the primary instrument to collect comprehensive information regarding caregiving practices and demographic factors. The checklist included sections on demographic information (e.g., type of family, household structure, and income), caregiving skills, caregiving knowledge, and caregiving attitudes.

The descriptive approach enabled the researcher to analyze patterns and trends across the responses, which were used to develop a culturally appropriate and practically relevant KinCare brochure. This resource addressed key topics identified through the study and provided evidence-based recommendations to improve caregiving practices while respecting the unique cultural values of Filipino households in General Santos City.

Figure 2. Research Design



Research Locale

The study was conducted in Region XII of the Philippines, located in the southern part of the country. Specifically, it included selected cities within this region: General Santos City, Koronadal City, and Kidapawan City. These areas were chosen due to their diverse population and representation of both urban and semi-urban communities, which provided a suitable context for examining caregiving practices among Filipino households.

Respondents of the Study

The respondents for this study were Filipino caregivers residing in the three cities (General Santos City, Kidapawan, and Koronadal City) within Region XII, who provided care for geriatric relatives within their households. These caregivers may or may not have possessed formal training in caregiving. Respondents were selected based on their active involvement in the day-to-day management of their geriatric relatives’ needs, including but not limited to personal care, health monitoring, and household management.

The study was conducted among care providers of geriatric individuals in the cities of General Santos City, Kidapawan City, and Koronadal City. These areas were selected due to their growing elderly population and the increasing demand for caregiving services.

According to the Philippine Statistics Authority (2020 Census of Population and Housing), the total population of the selected cities was approximately 697,315 for General Santos City, 160,791 for Kidapawan City, and 195,398 for Koronadal City. Based on national data indicating that individuals aged 60 years and above comprised approximately 8.5% of the Philippine population, the estimated number of geriatric individuals in these areas was 59,272 in General Santos City, 13,667 in Kidapawan City, and 16,609 in Koronadal City, resulting in a combined total of 89,548 elderly individuals. The study assumed that each geriatric individual had at least one primary caregiver, which constituted the target population.

Using Slovin's formula with a 5% margin of error, the computed sample size was approximately 398 respondents. Thus, the study initially targeted around 398 caregiver-respondents, proportionally distributed across the three cities based on their respective estimated geriatric populations. However, due to practical constraints encountered during data collection—such as caregivers belonging to a particularly busy demographic who had to balance caregiving responsibilities with other daily tasks—some potential participants were not able or willing to complete the survey. Additionally, a number of retrieved responses contained incomplete data and were deemed invalid. As a result, the study was able to obtain a final sample of 145 valid caregiver-respondents. Purposive sampling was employed to ensure that participants met the inclusion criteria, particularly those who were directly involved in providing care to geriatric individuals.

The inclusion criteria for respondents are as follows:

1. Only the person who consistently and directly takes care of the elderly at home for at least 2 years.
2. The geriatric relative should reside within the same household as the caregiver for at least 2 years.

Exclusion criteria included individuals who provided care on a professional or institutional basis and those whose caregiving responsibilities were occasional or irregular (less than 2 years). The study focused on capturing the skills, knowledge, and attitudes of these caregivers to identify areas for improvement and guide the development of the KinCare brochure. Research Instruments

The research instrument utilized in this study was the "Personal Care Attendant Competency Development Guide," which was designed to assess the competencies of personal care attendants across four broad areas: Technical Skills, Applied Understanding, Interpersonal Skills, and Self-Directed Care (Leading Age, n.d.). For this study, only the first three competency areas were employed, as they aligned directly with the study's goal of assessing the skills, knowledge, and attitudes of caregivers for geriatric relatives.

Technical Skills focused on the practical and task-oriented abilities of caregivers, such as administering basic health care, utilizing traditional medicine, and performing routine caregiving duties. This area helped identify the caregivers' proficiency in managing health-related tasks for their geriatric relatives, which was critical for the development of appropriate caregiving strategies.

Applied Understanding assessed the caregiver's knowledge base, including awareness of geriatric care principles, recognition of chronic diseases, and the ability to identify signs of geriatric abuse. This competency provided insights into how well caregivers understood the specific health challenges of elderly relatives and their capacity to address these issues effectively.

Interpersonal Skills evaluated the caregiver's ability to communicate effectively, build trust, and foster meaningful relationships with their geriatric relatives. This reflected their attitudes, sense of responsibility, and perception of the elderly's health needs, which were crucial in maintaining a positive and supportive caregiving environment.

The instrument was adapted to fit the context of the study, emphasizing caregiving practices relevant to Filipino culture and the home setting in General Santos City. It incorporated checklist items that captured data on the caregivers' competencies, serving as the foundation for identifying key topics for inclusion in the KinCare brochure.

Data Gathering Procedure

The data collection procedure for this study followed a systematic and detailed approach to ensure effective gathering and analysis of information aligned with the research objectives. The first step involved collaboration with the National Commission of Senior Citizens (NCSC). This partnership facilitated the study by providing the necessary support to identify eligible respondents and disseminate information about the research. Through the NCSC's network, the researchers aimed to reach caregivers in General Santos City, Kidapawan City, and Koronadal City who met the criteria of providing care to a geriatric individual within their household.

To ensure the accessibility of the research instrument, the "Personal Care Attendant Competency Development Guide" was translated into Tagalog. This translation process accommodated the linguistic preferences of the respondents and enhanced their understanding of the checklist items. Professional translators and cultural experts were consulted to maintain the accuracy and cultural relevance of the translated instrument, ensuring consistency with the original objective of assessing skills, knowledge, and attitudes.

The next step involved sampling and gathering respondents. Using Slovin's formula, an initial sample size of approximately 398 caregivers was determined from the estimated geriatric population across the 60 selected cities. Respondents were selected through purposive sampling, with assistance from barangay health workers and NCSC representatives. Ethical procedures were strictly followed, including obtaining informed consent from all participants to ensure voluntary participation and full understanding of the study's purpose.

However, during the data collection process, several practical challenges were encountered. Caregivers, as part of a highly occupied demographic, often balance caregiving responsibilities with employment and other household duties, which limited their availability and willingness to participate in the survey. In some cases, respondents initially agreed but were unable to complete the instrument. Additionally, a portion of the collected responses contained incomplete data and were excluded from the final dataset. Due to these constraints, the study was able to gather a total of 145 valid and usable responses.

After identifying the respondents, data were collected using the translated checklist. The competency guide served as the primary instrument for assessing the skills, knowledge, and attitudes of the caregivers. Each respondent completed the checklist with guidance from the research team, who addressed any concerns or questions raised during the process. Once the data collection phase was complete, the responses were systematically organized and analyzed. The analysis focused on identifying patterns and gaps in caregiving competencies, forming the foundation for the next phase of the research.

Finally, the findings from the data analysis were used to formulate the KinCare brochure. This brochure addressed the identified needs and gaps by providing practical and culturally sensitive guidance for caregivers. It included sections on geriatric care, abuse prevention, chronic disease management, and interpersonal caregiving skills, tailored to Filipino caregiving practices and cultural nuances. The brochure's content underwent expert review to ensure its practicality and effectiveness, making it a valuable resource for enhancing geriatric care in the community.

Statistical Treatment

In this study, descriptive statistics will be employed to summarize and describe the data. Frequency and percentage distributions will be used to categorize and present the demographic profile of the respondents, such as their family type, income, and pension, allowing for a clear understanding of the characteristics of the caregivers. Additionally, these distributions will be applied to assess caregiving skills, knowledge, and attitudes, providing an overview of the prevalent practices and perceptions.

Mean will be calculated to determine the average level of caregiving skills, knowledge, and attitudes among the respondents, offering a measure of central tendency and variability within the data. These measures will help highlight the typical caregiving practices and attitudes while also showing how much variation exists within the sample, which is crucial for identifying areas needing improvement or emphasis in the KinCare brochure. These statistical techniques will allow for a detailed yet accessible interpretation of the data, ensuring that the findings are both comprehensive and actionable.

Ethical Considerations

In conducting this study, ethical considerations were paramount to ensure the protection of respondents' rights, confidentiality, and well-being.

Informed Consent

A fundamental ethical principle in research was obtaining informed consent from all participants. Before engaging in the study, all respondents were provided with a detailed informed consent form that outlined the study's purpose, the procedures involved, and any potential risks or benefits of participation. The form ensured that participants fully understood what their involvement entailed, the voluntary nature of their participation, and their right to withdraw at any time without facing any negative consequences. This guaranteed that respondents voluntarily agreed to participate in the study, and their autonomy was respected.

Confidentiality and Data Privacy

In adherence to the Data Privacy Act of 2012, the study prioritized the confidentiality of respondents' personal information. All data collected was anonymized or assigned codes to ensure that no identifiable information was disclosed in the study's results. Participants' responses were stored securely, with access limited to the research team and authorized personnel only. No personal details were shared or published, and the data was used solely for the purpose of this study. This ensured compliance with data privacy laws and maintained the participants' confidentiality throughout the research process.

Voluntary Participation and Right to Withdraw

Ethical research practices uphold that participation must always be voluntary. In this study, participants were reminded that their involvement was entirely voluntary, and they had the right to withdraw at any time without any penalties or negative consequences. This principle ensured that participants were not coerced into taking part in the study and were free to opt out if they felt uncomfortable or no longer wished to be involved. The right to withdraw from the study without facing any adverse repercussions respected participants' autonomy and personal choices.

Fairness and Non-Discrimination

This study adhered to the ethical principle of fairness, ensuring that the recruitment process was non-discriminatory. Respondents were selected based on clear inclusion criteria, and all Filipino household caregivers who met these criteria were given an equal opportunity to participate in the study. No one was excluded based on personal attributes, and the sampling process strived to include a representative cross-section of caregivers from various demographic backgrounds. This ensured fairness in the selection process and promoted inclusivity in the research.

Beneficence and Contribution to Knowledge

The principle of beneficence required that the study be designed to benefit society, particularly the caregivers and geriatric individuals within Filipino households. The research aimed to enhance the caregiving practices of Filipino household caregivers by identifying gaps in their skills, knowledge, and attitudes. The findings were used to develop the KinCare brochure, which was designed to improve geriatric care and provide educational resources for better caregiving practices. This contribution to knowledge not only aimed to support the caregivers but also sought to enhance the quality of life and care for elderly relatives, ensuring the research had a positive impact on the community.

These ethical considerations were integral to the study's design and execution, ensuring that the rights of the participants were protected while contributing valuable insights for improving geriatric care practices in the Filipino context.

RESULTS AND DISCUSSION

This chapter presents the results of the study on the skills, knowledge, and attitudes (SKA) of Filipino household caregivers in General Santos City, followed by the discussion and interpretation of the findings. The data was

gathered from 145 respondents (less than the original intended size due to inclusion criteria set) were analyzed using descriptive statistics, including frequency, percentage, mean, and standard deviation.

Demographic Profile of Respondents

This section presents the demographic characteristics of the caregivers based on the responses of 145 participants.

Table 1.1 Age of Respondents

Age	Count (n)	Percentage (%)
17-20	1	0.69%
21-30	33	22.76%
31-40	35	24.14%
41-50	35	24.14%
51-60	20	13.79%
61+	11	7.59%
Did not disclose	10	6.90%

The table shows that the largest proportion of caregivers is aged 31–40 and 41–50 (24.14%), followed by those aged 21–30 (22.76%). Smaller proportions are observed among ages 51–60 (13.79%), 61+ (7.59%), and 17–20 (0.69%), while 10 respondents (6.90%) did not disclose their age. This indicates that caregiving responsibilities are predominantly assumed by individuals in their productive years.

Table 1.2 Marital Status

Status	Count (n)	Percentage (%)
Married	81	55.86%
Single	46	31.72%
Widowed	13	8.97%
Separated	1	0.69%
Did not disclose	4	2.76%

The table shows that the majority of caregivers are married (55.86%), followed by single individuals (31.72%). A smaller proportion are widowed (8.97%) and separated (0.69%), while 4 respondents (2.76%) did not disclose their status. This suggests that caregiving is commonly integrated within family life even after the marriage of the caregiver, which is consistent with Medina (2019), who noted that caring for elderly relatives is a significant aspect of Filipino culture rooted in familial duty.

Table 1.3 Family Structure

Family	Count (n)	Percentage (%)
Nuclear	80	55.17%
Extended	37	25.52%
Single Parent	11	7.59%
Other	15	10.34%
Did not disclose	2	1.38%

The table reveals that nuclear families comprise the majority (55.17%), followed by extended families (25.52%), other family types (10.34%), and single-parent families (7.59%), with 2 respondents (1.38%) not disclosing. This indicates that while nuclear families dominate, extended family systems remain significant in caregiving.

Table 1.4 Income

Family	Count (n)	Percentage (%)
₱1,000 - ₱10,000	26	17.93%
₱11,000 - ₱20,000	33	22.76%
₱21,000 - ₱30,000	20	13.79%
₱31,000 - ₱40,000	21	14.48%
₱41,000 - ₱50,000	13	8.97%
₱51,000+	2	1.38%
Did not disclose	30	20.69%

The table shows that the highest proportion of respondents falls within the ₱11,000–₱20,000 income bracket (22.76%), followed by ₱1,000–₱10,000 (17.93%), ₱31,000–₱40,000 (14.48%), and ₱21,000–₱30,000 (13.79%). Lower proportions are observed in ₱41,000–₱50,000 (8.97%) and ₱51,000+ (1.38%), while 30 respondents (20.69%) did not disclose their income. This suggests that many caregivers belong to low- to middle-income households.

Table 1.5 Household Size

Household members	Count (n)	Percentage (%)
2 - 5 people	69	47.59%
6 - 10 people	43	29.66%

11 - 13 people	11	7.59%
Did not disclose	22	15.17%

The table indicates that most households have 2–5 members (47.59%), followed by 6–10 members (29.66%), and 11–13 members (7.59%), while 22 respondents (15.17%) did not disclose. This suggests that caregiving commonly occurs in shared household settings.

Table 1.6 Educational Status

Educational attainment	Count (n)	Percentage (%)
College graduate	94	64.83%
High school graduate	49	33.79%
Elementary graduate	1	0.69%
Did not disclose	1	0.69%

The table shows that the majority of caregivers are college graduates (64.83%), followed by high school graduates (33.79%), and elementary graduates (0.69%), with 1 respondent (0.69%) not disclosing. This indicates that most caregivers possess relatively high educational attainment.

Table 1.7 Financial Support

Source of support	Count (n)	Percentage (%)
Pension	37	25.52%
Children	27	18.62%
Work/business	8	5.52%
Relatives	5	3.45%
Did not disclose	68	46.90%

The table shows that pension is the most common source of support (25.52%), followed by allowance from children (18.62%), work/business (5.52%), and allowance from relatives (3.45%), while a large portion (46.90%) did not disclose.

This highlights the reliance on both familial and personal sources of support; however, the large proportion of non-disclosure (46.90%) may indicate financial sensitivity.

Skills, Knowledge, and Attitude of Caregivers

Table 2. SKA of Caregivers

Domain	Mean	Interpretation
Functional Status	9.90	Proficient
Physical Health	8.64	Proficient
Cognitive Function	7.51	Approaching Proficiency
Social Status	8.90	Proficient
Spiritual Condition	4.79	Developing

The table below shows that caregivers obtained the highest mean score in functional status (9.90), followed by social status (8.90) and physical health (8.64), all interpreted as proficient. Meanwhile, cognitive function recorded a mean of 7.51, categorized as approaching proficiency, and spiritual condition had the lowest mean of 4.79, interpreted as developing.

These results indicate that while caregivers perform well in daily caregiving tasks and interpersonal aspects, there are notable gaps in cognitive and spiritual caregiving domains that require improvement. These gaps are consistent with previous studies indicating that caregivers often lack formal training in managing cognitive conditions and end-of-life care (Sari & Ramli, 2020; Schulz & Eden, 2016).

Identified Needs of Caregivers for the KinCare Brochure

Based on the results of the study, the KinCare brochure should focus on needs that are directly supported by the data and translated into practical solutions for caregivers.

First, the brochure should provide clear, structured, and application-focused educational content that matches the profile of caregivers who are largely college graduates (64.83%) and high school graduates (33.79%). This means avoiding overly basic explanations and instead using concise step-by-step guides, checklists, and decision aids (e.g., “when to seek medical help,” “daily care routines,” “warning signs to monitor”). Visual summaries and scenario-based examples can help caregivers quickly apply knowledge in real situations.

Second, the brochure should offer time-efficient and practical caregiving strategies for individuals in their productive years who are balancing multiple roles, as reflected by the concentration in ages 31–40 and 41–50 (35 respondents each, 24.14%) and the high proportion of married caregivers (55.86%). Content should include short routines, prioritization tips, and delegation strategies (e.g., dividing tasks among family members, creating simple weekly care plans) to reduce time burden.

Third, the brochure must emphasize low-cost, financially sensitive, and realistic caregiving approaches, given that many respondents fall within ₱11,000–₱20,000 (33, 22.76%) and ₱1,000–₱10,000 (17.93%) income brackets and commonly rely on pension (25.52%) and allowance from children (18.62%). Recommendations should prioritize affordable, home-based care techniques using readily available materials, clear budgeting and expense prioritization guides, and links to accessible government or community assistance programs. Practical tips such as medication adherence strategies, low-cost nutrition planning, and cost-saving home safety modifications can help caregivers manage care effectively despite financial constraints.

Fourth, the content should be designed for home-based care within nuclear households, which comprise the majority (55.17%). This includes guidance on organizing care within limited household manpower, optimizing space for safety (e.g., fall-prevention setups), and clearly assigning roles among immediate family members while still encouraging support from extended relatives when available.

Finally, the brochure must prioritize targeted support for cognitive and spiritual caregiving, as these are the weakest domains with means of 7.51 (approaching proficiency) and 4.79 (developing), respectively. Concrete content should include basic dementia care techniques, communication strategies for cognitive decline, guidance on managing behavioral changes, and simple approaches to providing emotional and spiritual support, including end-of-life considerations.

These findings indicate that the KinCare brochure should be practical, structured, affordable, and directly responsive to caregivers' real-life constraints, while focusing on strengthening weaker domains such as cognitive and spiritual care.

SUMMARY OF FINDINGS

This study assessed the skills, knowledge, and attitudes (SKA) of Filipino household caregivers providing home-based care to elderly individuals in selected areas of Region XII. It aimed to identify caregivers' strengths and gaps in order to inform the development of the KinCare brochure, a culturally appropriate educational material.

The study involved 145 caregiver-respondents, reflecting the realities of caregiving wherein participants often face time constraints due to multiple responsibilities. The demographic profile revealed that the majority of caregivers are within the 31–50 age group, indicating that caregiving is primarily assumed by individuals in their productive years. Most respondents are married, suggesting that caregiving is integrated into family roles and responsibilities. In terms of family structure, the majority belong to nuclear families, implying that caregiving is often managed within smaller household units with limited manpower.

The findings also showed that a large proportion of caregivers fall within the low- to middle-income brackets, indicating financial constraints that may affect access to healthcare resources and support services. Most households consist of 2–5 members, reflecting shared yet limited caregiving environments.

In terms of educational attainment, the majority of respondents are college and high school graduates, suggesting that caregivers are capable of understanding structured and moderately complex information. Financially, caregivers commonly rely on pension and support from children, which may indicate dependence on limited and sometimes unstable income sources.

In terms of SKA, caregivers demonstrated proficiency in functional status, physical health, and social aspects of caregiving, indicating strong capability in performing daily caregiving tasks and maintaining interpersonal relationships. However, caregivers showed lower performance in cognitive function and spiritual condition, highlighting gaps in areas such as dementia care, communication with cognitively impaired elderly, and provision of emotional and spiritual support.

Overall, the findings indicate that Filipino caregivers are competent in basic caregiving tasks and are strongly motivated by cultural and familial values, but they face limitations in more complex caregiving domains. These limitations are further influenced by constraints in time, finances, and access to formal training. The results underscore the need for practical, accessible, and culturally appropriate caregiving support materials, such as the KinCare brochure.

RECOMMENDATIONS

In light of the findings and conclusions of the study, the following recommendations are proposed:

For Caregivers

Caregivers are encouraged to actively seek opportunities to enhance their caregiving knowledge and skills, particularly in areas related to cognitive conditions and spiritual support. They should also adopt time management strategies and self-care practices to balance caregiving responsibilities with other aspects of their lives. Utilizing available community and healthcare resources may further improve caregiving practices.

For the KinCare Brochure

The KinCare brochure should be designed as a practical, structured, and user-friendly educational tool. It should include step-by-step guides, checklists, and visual aids that caregivers can easily understand and apply. The content must prioritize cognitive care (e.g., dementia management) and spiritual support, as these are the most significant gaps identified in the study. Additionally, the brochure should emphasize low-cost, home-based caregiving strategies that are realistic for caregivers with limited financial resources. The language and presentation should match the educational level of caregivers, ensuring clarity without oversimplification.

For Healthcare Providers

Healthcare providers should develop and implement accessible caregiver education and training programs, particularly at the community level. They should provide clear, practical instructions that caregivers can apply in home settings and actively involve caregivers in care planning and decision-making processes.

For Government and Policy Makers

Government agencies are encouraged to establish and strengthen caregiver support programs, including financial assistance and accessible training opportunities. Policies should focus on improving community-based elderly care systems and expanding access to health education and caregiving resources.

For Non-Governmental Organizations and Community Groups

NGOs and community organizations should conduct caregiving workshops, seminars, and awareness programs to enhance caregiver competencies. They may also establish support groups or networks to provide emotional and social support for caregivers.

For Future Researchers

Future studies may expand the scope of this research by including larger and more diverse populations. Researchers are also encouraged to evaluate the effectiveness of the KinCare brochure and explore additional areas such as caregiver burden, long-term caregiving outcomes, and intervention-based strategies.

For Educational Institutions

Educational institutions may contribute by promoting health literacy and caregiving education programs within communities. They may also integrate basic caregiving knowledge into relevant academic and extension programs to support informal caregivers.

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Letter Asking Permission to Conduct Study

EDWIN G. ESPEJO

Commissioner

National Commission of Senior Citizens

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South Cotabato, 9500

Greetings!

I am writing to respectfully request permission to conduct a study in collaboration with the National Commission of Senior Citizens (NCSC) for my research paper titled "SKILLS, KNOWLEDGE, AND ATTITUDES OF HOME CAREGIVERS OF THE ELDERLY IN GENERAL SANTOS CITY"

This study aims to assess the skills, knowledge, and attitudes of family caregivers in managing the care of their elderly relatives at home. The insights gained from this study will serve as the foundation for developing a KinCare brochure, which aims to provide caregivers with practical resources and culturally appropriate guidance, enhancing the quality of care provided to elderly family members.

We are particularly interested in collaborating with the NCSC in this research as your organization plays a crucial role in advocating for and supporting the elderly population in the Philippines. The involvement of NCSC would be vital in ensuring that the study reaches a diverse group of caregivers, particularly those in rural and underserved areas, while also aligning with the Commission's goals of improving the well-being of senior citizens and their families.

To ensure the success of this study, we seek your permission to engage with NCSC and collaborate with your office to reach out to family caregivers who would be willing to participate in the study. We also hope to explore any potential support that NCSC may offer in terms of resources, community networks, and data collection for the research.

Please let me know if there are any additional steps or documents required to proceed with this request. I would be more than happy to provide further details about the study and its intended benefits.

I look forward to the opportunity to work with the NCSC in this important initiative and am hopeful for your favorable response. Thank you for your time and consideration.

Sincerely,

Ma. Irene A. Dayon, RN, MAN\

Personal Care Attendant Competency

I. Profile

This section of the checklist aims to gather essential demographic information about the caregivers and the households in which they reside. Kindly answer all the questions to the best of your ability. Your responses will be kept confidential and will solely be used for research purposes related to this study.

Age of caregiver: _____



Marital Status: Single | Married | Widowed | Separated

Familystructure:

Nuclear (Parents and children)

Extended (Including relatives)

Single Parent

Other: _____

Monthly Household Income (in PHP): _____

Number of Household Members: _____

Home Structure:

Concrete

Semi-Concrete

Wooden

Makeshift

Educational Status of family:

Elementary graduate

High-school graduate

College graduate

none

Source of Financial support (elderly)?

allowance from children

allowance from relatives

Pension

Others (please specify): _____

Skills, Knowledge, and Attitudes

This section aims to evaluate the skills, knowledge, and attitudes of caregivers in managing the health and well-being of their elderly relatives at home across five (5) domains. You will be asked to respond to a series of statements related to your caregiving practices.

Please read each item carefully and check each box that applies based on your actual experience and practices.

FUNCTIONAL STATUS		Yes	No
1.	Supports the individual's physical needs, including assistance with feeding, bathing, dressing, grooming, personal hygiene, and toileting.		
2.	Encourages and promotes the individual's independence by assisting with activities that build on their strengths and capabilities.		
3.	Provide guidance or hands-on help with mobility, transfers, and positioning as needed.		
4.	Assists with household tasks such as cooking, cleaning, laundry, and grocery shopping to maintain a safe and comfortable living environment.		
5.	Assists with adaptive tools or feeding techniques for those with physical limitations.		
6.	Identifies individuals at nutritional risk and implements measures to minimize weight loss.		
7.	Assists individuals with self-administration of medications in accordance with regulations.		
8.	Encourages independence and supports consumer-directed living.		
9.	Anticipates the needs of individuals and maintains a safe environment.		
10.	Supports individuals in identifying goals, developing strategies, making informed choices, and following through on responsibilities.		
PHYSICAL HEALTH		Yes	No
1.	Pays attention to changes in the individual's physical and emotional health, noting signs of discomfort, distress, or illness.		

2.	Communicates any concerns about the individual's condition to the appropriate person (healthcaregiver, family member, or support team).		
3.	Recognizes common signs of infection and takes precautions to minimize risks.		
4.	Identifies health and wellness concerns and assists with solutions or resources.		
5.	Encourages self-care and provides guidance on maintaining well-being.		
6.	Assists with prescribed equipment, supplies, and devices.		
7.	Identifies potential risks and crisis situations, using de-escalation strategies.		
8.	Keeps records of care provided, as needed, for communication with healthcare professionals or family members.		
9.	Understands medication effects and monitors for side effects.		
10.	Understands basic anatomy and physiology of body systems and their functions.		
PHYSICAL HEALTH		Yes	No
1.	Engages the individual in meaningful activities that promote mental and emotional well-being.		
2.	Recognizes aging-related disorders, including dementia types and stages.		
3.	Manages behaviors associated with dementia effectively.		
4.	Uses appropriate communication and intervention techniques for dementia care.		

5.	Recognizes signs of aging, common diseases, cognitive impairment, anxiety, and depression.		
6.	Engages in purposeful and organized thinking.		
7.	Effectively recognizes and resolves problems and conflicts.		
8.	Uses resources to obtain information.		
9.	Generates a variety of alternative approaches to resolving a problem or conflict.		
10.	Knows when and who to ask for assistance in problem resolution.		
SOCIAL STATUS		Yes	No
1.	Encourages open discussions with the individual and their support network about their care, comfort, and quality of life.		
2.	Knows where to find and access formal and informal community resources.		
3.	Supports individuals in connecting with needed community services.		
4.	Encourages the use of informal support networks (family, friends, neighbors, coworkers).		
5.	Advocates on behalf of individuals and their family/support networks.		
6.	Assists the individual, when appropriate, in overcoming barriers to services when their service needs are not met.		
7.	Promotes and ensures that individuals and their family/support networks are involved in the design of support services.		
8.	Seeks feedback on services and follows up on		

	recommendations.		
9.	Encourages and supports other family/support networks to develop the necessary skills for providing care.		
10.	Establishes and maintains good social and emotional relationships with individuals and their family/support networks.		
SPIRITUAL CONDITION		Yes	No
1.	Respects cultural, religious, and personal preferences when providing care		
2.	Recognizes personal, cultural, and religious variations in diet.		
3.	Respects cultural and family differences in death and dying.		
4.	Knows community resources for end-of-life support.		
5.	Understands advance directives and living wills.		
6.	Understands coping strategies for grief and end-of-life care.		

Interpretation:

Checked percentage	Description
0-25%	Needs improvement
26-50%	Developing
51-75%	Approaching proficiency
76-100%	Proficient