

Burdened Survival: Rural Filipino Women's Lived Experiences of Resilience, Gendered Vulnerabilities, and Governance Failure During COVID-19

Jerski Jarzen Cajuigan Duria^{1*}, Revelyn Q. Ignacio², Rian Carlo C. Nimenzo¹, Katherine L. Santiago¹ and Robert V. Bolisay¹

¹Wesleyan University-Philippines, College of Arts and Sciences, Cabanatuan City, Nueva Ecija, Philippines

²Central Luzon State University, Department of Technology, Livelihood, and Life Skills Education, Science City of Munoz, Nueva Ecija, Philippines

*Corresponding Author

Jerski Jarzen Cajuigan Duria, 1 Wesleyan University-Philippines, College of Arts and Sciences, Cabanatuan City, Nueva Ecija, Philippines.

Submitted: 2025, Aug 20; Accepted: 2025, Oct 10; Published: 2025, Oct 15

Citation: Duria, J. J. C., Ignacio, R. Q., Nimenzo, R. R. C., Santiago, K. L., Bolisay, R. V. (2025). Burdened Survival: Rural Filipino Women's Lived Experiences of Resilience, Gendered Vulnerabilities, and Governance Failure During COVID-19. *COVID Res OA*, 3(1), 01-08.

Abstract

The COVID-19 pandemic was not a universal experience but a crisis that disproportionately burdened rural women. While resilience has often been framed as empowerment, this study reframes it as burdened survival shaped by governance failure and social inequality. A qualitative phenomenological design was employed, with in-depth interviews conducted among eight rural women. Data were analyzed thematically to capture their lived experiences and coping strategies during the pandemic. Six major themes emerged: (1) economic struggles and pre-existing vulnerabilities, (2) diskarte as a gendered coping mechanism, (3) perceived failures of state governance, (4) community resilience and the spirit of bayanihan, (5) reproductive health and teenage pregnancies, and (6) psychosocial wellbeing under strain. Participants emphasized that their strategies were not empowering choices but compelled responses to survive amid institutional neglect. While bayanihan and community pantries offered temporary relief, they could not replace systemic support. The study highlights resilience as burdened survival rather than empowerment, challenging dominant resilience discourses. It underscores the critical role of gender-responsive governance, sustained reproductive health services, recognition of unpaid care work, and psychosocial support in crisis response. Strengthening community solidarity while holding the state accountable is essential to avoid normalizing grassroots coping as a substitute for systemic welfare. By foregrounding the intersection of gendered vulnerability, governance failure, and community resilience, this study contributes to global debates on resilience and rural development in the Global South.

Keywords: Resilience in Education, Gendered Vulnerability, Rural Women, Governance Failure, COVID-19, Philippines

Introduction

The COVID-19 pandemic has been described as not only a public health emergency but also a profound social crisis that exposed and deepened pre-existing inequalities across the globe (United Nations, 2020). While the virus itself was indiscriminate, its socioeconomic impacts were profoundly unequal, disproportionately burdening marginalized and vulnerable populations, particularly women [1]. In the Philippines, where rural communities are highly dependent on agriculture and informal labor, the pandemic intensified

long-standing vulnerabilities such as economic precarity, weak social protection, and limited access to healthcare and education (Organization for Economic Co-operation and Development [OECD], 2020; Philippine Institute for Development Studies, 2021) [2].

For rural women, the crisis revealed a dangerous intersection of gender, poverty, and governance. As primary caregivers and economic contributors, they carried the dual responsibility of

sustaining household needs while navigating the economic shocks brought about by lockdowns and work disruptions (United Nations Population Fund [UNFPA], 2021) [3]. This disproportionate burden reflects what feminist political economy scholars describe as “time poverty,” wherein women’s unpaid care work expands during crises, restricting their ability to engage in economic and political life [4]. The pandemic magnified these inequalities, as women in the informal sector—largely excluded from labor protections—were among the first to lose jobs and the last to regain them [5].

Beyond economic losses, the crisis also produced compounding social effects. School closures forced parents, primarily mothers, into the role of educators, exposing rural families to additional strains as modular learning often required parents to answer learning tasks themselves [6]. The pandemic also contributed to a rise in teenage pregnancies in the Philippines, with over 100,000 cases projected in 2020 alone, a phenomenon linked to mobility restrictions, inadequate reproductive health services, and economic hardship [3,21]. At the same time, rural women reported heightened anxieties over mortality and community health, underscoring the psychosocial toll of the pandemic [7].

The Philippine government’s flagship aid response, the Social Amelioration Program (SAP), was widely criticized for its inefficiency, inequitable distribution, and reliance on the “palakasan system” (favoritism), leaving many poor households excluded from relief [8,9]. This failure not only highlighted weaknesses in governance but also shifted the burden of survival to households and communities themselves. In response, grassroots initiatives such as community pantries emerged as powerful expressions of *bayanihan* (communal unity), filling the gap left by the state and reinforcing the resilience of rural communities [10,11]. Moreover, study found that women were at the forefront of this community-led response, embodying the Filipino spirit of *bayanihan* (communal unity) through initiatives like community pantries that filled the void left by a faltering government [12].

This study re-examines the lived experiences of rural Filipino women during the pandemic through an intersectional and critical lens, analyzing how gendered vulnerability, systemic state failures, and cultural practices of resilience intersected in shaping survival strategies. Unlike existing literature that often frames resilience as empowerment, this paper emphasizes resilience as a forced necessity—born out of systemic neglect rather than choice. In doing so, it contributes to broader discussions in rural sociology, feminist political economy, and resilience studies, situating the experiences of rural women not only as individual acts of endurance but as reflections of structural inequality.

2. Literature Review

The COVID-19 pandemic has generated a vast body of scholarship highlighting its disproportionate impacts on marginalized populations. For rural women, the crisis cannot be understood solely as a health emergency but as a complex intersection of economic precarity, gender inequality, and weak governance. This literature review examines the pandemic’s effects through multiple theoretic

cal and empirical lenses—feminist political economy, rural sociology, and resilience studies—while situating the Philippine context within broader global discussions.

2.1. Feminist Political Economy and Gendered Vulnerability

Feminist political economy highlights how structural inequalities render women especially vulnerable during crises, particularly due to their disproportionate responsibility for unpaid care work and precarious positions in the labor market [4,13]. The concept of “time poverty” underscores how women’s care burdens increase during crises, limiting opportunities for paid work and political participation [14]. During the pandemic, women, especially in rural and informal economies, were among the hardest hit, experiencing job losses, reduced incomes, and heightened caregiving responsibilities [1,5].

Studies in the Philippines confirm this pattern, as rural women balanced subsistence farming, informal livelihoods, and household care while also shouldering additional burdens as educators during school closures [6]. This aligns with findings from other low- and middle-income countries where women’s labor was “stretched to the breaking point,” exacerbating gender gaps in employment and decision-making [7].

2.2. Rural Sociology and Agrarian Dependence

Rural sociology provides further insights into how agricultural livelihoods and land-based dependencies shape community resilience. Rural households often rely on small-scale farming and kinship-based labor exchanges, which both cushion and constrain responses to crises [15,16]. This aligns with broader research indicating that women’s economic insecurity increased significantly, as they were employed in sectors, like retail and services, most impacted by lockdowns [17]. In the Philippines, rural economies remain marked by insecure land tenure, seasonal employment, and reliance on remittances [18]. These structural realities limit the capacity of rural families to absorb shocks, rendering them dependent on state aid and communal solidarity.

At the same time, the pandemic re-energized cultural practices of *bayanihan*, as communities mobilized to share food, resources, and support in the absence of effective state intervention [10,11]. However, scholars caution that while *bayanihan* provides short-term relief, it should not obscure the state’s long-standing neglect of rural development [8].

2.3. Resilience Studies: Empowerment or Burden?

Resilience has emerged as a dominant concept in crisis research, often framed as the ability of individuals and communities to “bounce back” from shocks [22]. However, critical scholars argue that resilience discourse can romanticize survival while obscuring systemic inequalities that force vulnerable populations to “cope” in unjust conditions [19].

In the context of rural women, resilience is frequently framed as empowerment—highlighting creativity, resourcefulness, and solidarity [20]. Yet, resilience may also be experienced as a

burden, where survival strategies emerge not from choice but from necessity amid systemic neglect. This perspective is particularly relevant in the Philippine setting, where community pantries and informal networks filled governance gaps but also placed disproportionate responsibilities on women to sustain family and community survival [11].

2.4. Education, Reproductive Health, and Intergenerational Impacts

The pandemic's impact on education was particularly severe for rural households. Modular distance learning placed additional stress on parents, especially mothers with limited formal education, who often had to complete their children's modules themselves [6]. These disruptions had long-term implications for children's learning outcomes, as well as for women's time and wellbeing.

Reproductive health was another area profoundly affected. The Philippines recorded a surge in teenage pregnancies during the pandemic, attributed to restricted mobility, limited access to health services, and heightened poverty [3,21]. Teenage pregnancy not only reflects gender inequality but also compounds intergenerational poverty by curtailing young women's education and economic opportunities.

2.5. Mental Health and Psychosocial Dimensions

The psychosocial toll of the pandemic is increasingly recognized in global literature. Women in rural and low-resource settings reported heightened levels of anxiety, depression, and stress, largely tied to caregiving burdens, economic insecurity, and health fears [7]. In the Philippines, the mental health dimension of rural women's experiences remains under-researched, yet anecdotal evidence suggests significant strains, particularly in balancing childcare, household survival, and community obligations amid uncertainty and fear.

2.6. Governance Failures and State Neglect

Finally, scholarship on governance during the pandemic underscores the failures of state responses, particularly in countries marked by clientelism and weak welfare systems [23]. The Philippine government's Social Amelioration Program (SAP) was heavily criticized for inefficiency, lack of transparency, and favoritism in distribution, leaving many poor households excluded from aid [8,9]. These failures reinforced inequalities, forcing rural communities to rely on *diskarte* (ingenuity) and *bayanihan* as default survival strategies.

3. Methodology

3.1. Research Design

This study employed a qualitative research design, specifically a phenomenological approach, to explore the lived experiences of rural women during the COVID-19 pandemic. Phenomenology was chosen because it prioritizes participants' subjective meanings and interpretations of reality [24]. Moreover, this design, was chosen because it is best suited for exploring subjective experiences and the meaning-making processes of individuals (van Manen, 1990). This is focusing on how women experienced, understood, and

navigated the pandemic, the study sought to provide depth rather than breadth of insight, capturing voices often marginalized in policy discourse.

3.2. Research Locale

The research was conducted in selected municipalities of Nueva Ecija, a largely agrarian province in Central Luzon, Philippines. Nueva Ecija was chosen because of its mixed rural and semi-urban economy, dependence on agriculture, and historical vulnerabilities to crises such as typhoons and economic shocks [18]. The province also offers a critical lens for examining the interplay of governance, *bayanihan*, and *diskarte* in shaping community resilience.

3.3. Participants and Sampling

Participants were selected using a purposive sampling strategy. This non-probability technique is appropriate for qualitative research as it allows the researcher to deliberately choose participants who can provide rich, detailed insights into the phenomenon under study [25]. Participants were rural women aged 20–60 years, representing different socioeconomic backgrounds, including smallholder farmers, vendors, informal laborers, and homemakers. Purposive sampling was employed to ensure diversity in occupation, marital status, and caregiving roles. Snowball sampling complemented recruitment, enabling access to women who were initially difficult to reach due to mobility restrictions. The number of respondents was sufficient for thematic saturation [26].

3.4. Data Collection

Data were gathered through semi-structured interviews conducted between March and May 2022. Interviews lasted between 45 and 90 minutes and were conducted either face-to-face (with health protocols) or via phone/online platforms depending on participant preference and safety considerations. The interview guide included open-ended questions on (1) livelihood and income changes, (2) caregiving responsibilities, (3) access to government aid, (4) coping and resilience strategies, and (5) perceptions of *bayanihan* and governance.

To enhance trustworthiness, field notes and reflexive memos were kept during and after each interview to document non-verbal cues, researcher impressions, and contextual details [27]. Where possible, follow-up questions were asked in subsequent calls to clarify responses and validate initial interpretations.

3.5. Data Analysis

Interviews were transcribed verbatim in Filipino and, when necessary, translated into English for analysis. A thematic analysis approach was employed, following Braun and Clarke's (2006) six-step framework: (1) familiarization with data, (2) generation of initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. NVivo software was used to assist in coding and data organization.

Themes were inductively derived from the data but also informed by deductive categories drawn from feminist political economy, resilience studies, and rural sociology [13,22]. This hybrid approach

allowed both participant-driven narratives and theoretical framing to shape the findings.

3.6. Trustworthiness and Rigor

Several strategies were adopted to ensure research rigor such as credibility where it enhanced through member-checking, where preliminary findings were shared with select participants to confirm accuracy. Another is transferability where it was addressed by providing thick descriptions of context, participant profiles, and setting. Also, dependability and confirmability were employed and were ensured by maintaining an audit trail of transcripts, coding decisions, and reflexive journals, which were reviewed by a peer researcher for consistency.

3.7. Researcher Reflexivity

Recognizing the influence of researcher positionality, reflexivity was central to the methodology. As the researcher is a Filipino with academic training in political science and community development, there was both an insider and outsider perspective. Insider status facilitated rapport-building with participants, while outsider academic training risked interpreting experiences through theoretical lenses detached from local realities. Reflexive journaling and peer debriefing helped mitigate these biases and foreground participants' voices.

3.8. Ethical Considerations

Ethical approval was secured from the relevant institutional review board. Participants were informed about the purpose of the study, confidentiality measures, and their right to withdraw at any time. Written or verbal informed consent was obtained prior to data collection. To protect anonymity, pseudonyms were used in transcripts and reporting. Given the sensitivity of the subject matter, emotional distress protocols were prepared, including referrals to local support services when needed. Special consideration was given to the participants' well-being, particularly in the context of the pandemic's stressful environment (Cocks & Watson, 2020).

4. Results

Thematic analysis of in-depth interviews with eight rural Filipino women in Licab, Nueva Ecija, yielded a comprehensive understanding of their lived experiences during the COVID-19 pandemic. The findings confirm and deepen the theoretical frameworks presented in the literature review, demonstrating that the pandemic was not a universal experience but a crisis that amplified pre-existing social and economic inequalities. The women's narratives reveal a tripartite reality: (1) enduring a crisis that disproportionately burdened them, (2) navigating the vacuum left by inadequate state support, and (3) relying on grassroots resilience as their primary coping mechanism. Six interrelated themes emerged: economic struggles, *diskarte*, governance failures, *bayanihan*, reproductive health challenges, and psychosocial wellbeing.

4.1. Economic Struggles and Pre-Existing Vulnerabilities

The most immediate and pervasive theme was the economic devastation wrought by lockdowns. Prior to the pandemic, the

women already relied on informal and unstable livelihoods such as small-scale farming, vending, and domestic labor. These fragile income sources were suddenly disrupted. As Aling Norma, a vegetable vendor, described, "We couldn't go to the market. We had food in the garden, but no money for anything else. We had to find another way or we wouldn't survive." Similarly, Nanay Carina, a street vendor, felt "hopeless" when her daily earnings stopped, forcing her family to rely on her husband's "meager wage, which was not enough for everything." A seasonal farm worker echoed this sentiment, noting, "If there was no planting, there was no pay." Their struggles were not new but were catastrophically exacerbated. The women emphasized that while poverty was familiar, the pandemic made survival precarious, with families forced into increasingly fragile strategies.

4.2. Diskarte as a Gendered Coping Mechanism

In the face of hardship, the women's strategies were shaped by the Filipino concept of *diskarte*, resourcefulness and ingenuity. For many, this meant inventing new ways to generate income under extreme constraints. Manang Lourdes recounted how she started an online business with her daughter's help, stating, "I never thought I would do something like that, but we had to. It was our only *diskarte* to earn money." Another woman who was a laundress before the pandemic turned to selling homemade snacks, explaining that it was "a small income, but at least it buys rice for the day." These testimonies illustrate *diskarte* as both agency and a burden. As one woman explained, "We call it *diskarte*, but it is not a choice. It is because there is no other way. If we don't think of something, our children will go hungry." Here, resilience emerges as a survival tactic born out of necessity when formal systems failed to provide adequate protection.

4.3. Perceived Failures of State Governance

All respondents expressed deep frustration with the government's Social Amelioration Program (SAP) and other aid efforts, citing delays, inequitable distribution, and favoritism. Aling Maria recalled that "the government aid was not enough. They said they would help, but it took so long, and not everyone received it. We were left to fend for ourselves." Another respondent stated that the "distribution was unfair. Some neighbors got aid two times, but we didn't get any at all. We just had to wait and hope." Even for those who received aid, it was insufficient. One woman noted, "It was only ₱6,500. That lasted one week. After that, we were on our own again." Such accounts reveal how a health crisis transformed into a governance crisis. The perceived neglect fueled distrust in local officials and forced women to rely on *diskarte* and community solidarity instead.

4.4. Community Resilience and the Spirit of Bayanihan

In the absence of reliable state support, women described turning to neighbors and local initiatives as lifelines. *Bayanihan*, the cultural practice of mutual aid, was central to survival. Nanay Elena emphasized this communal strength, stating, "When we had nothing, our neighbors shared what they had. We helped each other. That's what saved us, not the government." One woman recounted an act of solidarity, explaining, "We were given a sack

of rice by a kind stranger. We decided to share half of it with our two closest neighbors who had nothing left. We just helped each other because we were all in the same situation." The emergence of community pantries also showcased this collective support. As one woman noted, "The pantry helped us once or twice, but it was not enough. Still, it showed that ordinary people cared more than the government." These accounts highlight resilience not as individual toughness but as collective action deeply embedded in Filipino communal values.

4.5. Reproductive Health and Teenage Pregnancies

Access to reproductive health services was severely limited, leaving women vulnerable during pregnancy or in need of contraceptives. One woman, who was pregnant during the lockdown, shared her concern: "The health center was closed many times. I was worried because I couldn't have my regular check-ups. I felt like I was left alone." Women also raised concerns about a rise in teenage pregnancies in their communities. One woman observed that "many young girls here got pregnant during the lockdown. They were just at home, no school, no activities, and parents could not always watch them. Now they cannot return to school." These experiences underscore reproductive health as a neglected but central dimension of pandemic vulnerability.

4.6. Psychosocial Wellbeing Under Strain

Finally, the pandemic placed a heavy psychological burden on rural women. Anxiety about survival, children's education, and the virus itself was constant. One respondent admitted, "I could not sleep many nights because I worried about food and my children's future. My head hurt from too much thinking." Another described silent endurance, stating, "The men drink to forget their problems. For us women, we just endure quietly. We cannot show weakness because the children depend on us." Amidst this strain, one woman found strength in faith, explaining, "I prayed every day, asking God to protect us. That was the only thing that gave me strength." While formal psychosocial support was absent, informal coping—through prayer, family conversations, and community fellowship—helped women sustain hope.

The lived experiences of the eight respondents demonstrate that the pandemic deepened existing inequalities and gendered burdens. Livelihood disruptions pushed women into precarious *diskarte*, while caregiving and educational duties expanded their unpaid labor. Reproductive health needs were neglected, teenage pregnancies rose, and psychosocial stress intensified. Government aid was seen as insufficient and unfair, pushing women to depend on *bayanihan* and community solidarity. Overall, resilience emerged not as empowerment but as a forced necessity, reflecting the intersection of gendered vulnerability, state failure, and grassroots survival strategies.

5. Discussion

The lived experiences of rural women in Licab, Nueva Ecija, during the COVID-19 pandemic reveal the pandemic as both a health and socio-economic crisis that deepened pre-existing inequalities. Consistent with feminist political economy and

rural sociology perspectives, the findings demonstrate that women disproportionately shouldered the burdens of disrupted livelihoods, intensified caregiving, neglected reproductive health, and psychosocial stress, all within a context of governance failure. At the same time, women mobilized *diskarte* and *bayanihan*, reflecting resilience that was collective but often burdensome.

5.1. Resilience as Burdened Survival

For many women, the pandemic did not create entirely new struggles, it magnified the difficulties they were already living with. Even before COVID-19, their livelihoods were fragile, often tied to informal jobs, small-scale farming, and the piecing together of income from different family members. The crisis only made these vulnerabilities sharper. As women, they faced even steeper barriers: limited access to financial resources, experiences of discrimination, and being sidelined in political decision-making [28]. Global literature often frames resilience as empowerment and adaptive capacity [20,22]. However, this study complicates that view by showing how resilience, in the form of *diskarte* and *bayanihan*, was less an expression of agency than a forced response to systemic neglect. Respondents repeatedly emphasized that their coping strategies were "not choices" but the only way to survive. This resonates with Béné, Wood, Newsham, and Davies, who caution that resilience discourse can mask the structural inequalities that compel marginalized groups to endure crises rather than transform them [19].

Thus, the resilience of rural women should not be romanticized. It was survival under duress, highlighting what Elson (2017) calls the "triple burden" of women: unpaid care work, economic precarity, and limited political voice. By exposing resilience as necessity rather than empowerment, this study contributes to a critical reframing of resilience discourse in the Philippine rural context.

5.2. Feminist Political Economy: Gendered Vulnerabilities Exposed

The pandemic magnified the gendered vulnerabilities embedded in rural economies. Women's caregiving burdens intensified due to modular learning, confirming earlier analyses of "time poverty" [14]. As in other global South contexts, Filipino women became default teachers, health caregivers, and household managers, often at the expense of their economic activities and wellbeing [5,7].

Additionally, reproductive health challenges emerged as a neglected but critical issue. The rise of teenage pregnancies during the pandemic reflects the intersection of poverty, disrupted schooling, and restricted access to reproductive services [3,21]. Moreover, Plan International Philippines (2020) shows the exclusion of women from decision-making specifically in the planning of the COVID-19 response [29]. This not only constrains young women's educational and economic opportunities but also perpetuates intergenerational cycles of poverty.

These findings affirm that crises exacerbate gendered inequalities but also highlight the Philippine specificity: a rural, agrarian setting where women juggle agricultural, informal, and reproductive labor, often without institutional support.

5.3. Rural Sociology: Community as Safety Net

From a rural sociology perspective, the findings reveal the double-edged role of community networks. On one hand, bayanihan and community pantries provided vital lifelines, validating literature on rural reciprocity and social capital as buffers against crises [11,15]. Women's accounts of sharing food and resources echo Cuayzon's (2021) observation that bayanihan was revitalized during the pandemic as a grassroots safety net.

On the other hand, reliance on bayanihan underscores state withdrawal from its welfare responsibilities. The rise of these community-led initiatives served as a damning indictment of the government's failures, as they effectively filled a critical gap in social welfare that the state was unable to address [30]. As IBON Foundation (2020) warns, over-reliance on mutual aid risks normalizing neglect, as communities compensate for government failures. While solidarity is commendable, it is not sustainable in addressing structural poverty and inequality.

5.4. Governance Failures and Crisis of Trust

A critical factor that transformed the health crisis into a socioeconomic one for many Filipinos was the government's inadequate and often-militaristic response [31]. Perhaps the most striking finding was the women's disillusionment with state aid. Respondents' accounts of exclusion, favoritism, and inadequate relief align with critiques of the Social Amelioration Program's inefficiency [23]. For many women, the pandemic was not just a health crisis but a crisis of governance, marked by broken promises and eroded trust in institutions [9].

This highlights a gap between macro-level policies and micro-level realities. While national reports emphasized aid distribution, at the barangay level, respondents described uneven implementation. Such experiences reinforce the argument that governance failures during COVID-19 exacerbated—not alleviated—inequalities [8].

5.5. Psychosocial Wellbeing: The Silent Strain

Beyond material deprivation, the women's testimonies reveal a psychosocial toll often overlooked in policy discussions. Anxiety, sleeplessness, and silent endurance emerged as dominant experiences, echoing global findings on women's mental health during the pandemic [7]. However, formal psychosocial support was absent in rural areas, leaving women to rely on prayer, kinship, and endurance.

This silent suffering reflects the invisibility of women's emotional labor in crisis response. While men in communities were described as coping through alcohol, women bore the pressure of holding families together. This further supports feminist critiques that women's resilience often comes at the cost of unrecognized psychological strain [13].

6. Conclusion and Recommendations

Conclusion

This study examined the lived experiences of eight rural women in Licab, Nueva Ecija, during the COVID-19 pandemic [32]. The findings underscore that the pandemic was not merely a public health emergency but a multidimensional crisis that exacerbated existing inequalities. Women disproportionately bore the burden of disrupted livelihoods, intensified caregiving and educational responsibilities, limited access to reproductive health services, and unaddressed psychosocial stress.

At the same time, women's reliance on *diskarte* (resourcefulness) and *bayanihan* (community solidarity) revealed resilience as a critical coping mechanism. However, this resilience was less an empowering choice and more a forced necessity in the absence of effective state support. Government aid was widely perceived as delayed, insufficient, and unjustly distributed, reinforcing a crisis of trust in governance.

The study contributes to scholarship by reframing resilience as "burdened survival" rather than empowerment, emphasizing the structural inequalities and gendered vulnerabilities that shape crisis responses in rural areas. It also highlights the intersection of gender, governance, and community solidarity, offering insights for future policy and practice in addressing the needs of marginalized populations [33,34].

Recommendations

Policy and Governance

- Strengthen social protection programs by ensuring equitable and transparent distribution of aid, minimizing local-level politicization, and increasing the sufficiency of support packages.
- Institutionalize gender-responsive crisis planning, including recognition of women's unpaid care work and livelihood vulnerabilities in disaster response frameworks.
- Invest in rural reproductive health services, ensuring uninterrupted access to contraceptives, prenatal care, and adolescent health programs even during emergencies [35].

Community and Grassroots Action

- Support bayanihan initiatives such as community pantries through logistical and financial backing from local governments, while avoiding co-optation that erases grassroots agency.
- Strengthen women's organizations in rural communities to provide peer support, collective bargaining power, and a platform for advocacy.
- Establish community-based psychosocial support programs that integrate faith-based groups, barangay health workers, and local NGOs to address women's mental health needs.

Education and Care Responsibilities

- Improve distance learning support systems by providing rural households with access to digital tools, learning assistance, and parental training.

- Integrate care economy recognition into local policies, ensuring that women's caregiving contributions are valued and supported through programs like childcare subsidies or flexible livelihood support [36].

Future Research

- Conduct comparative studies across provinces to identify regional variations in women's resilience and governance experiences during crises.
- Explore the long-term impacts of the pandemic on rural women's economic mobility, reproductive health outcomes, and psychosocial wellbeing.
- Examine the role of intersectionality (class, age, marital status, and education) in shaping rural women's experiences to design more inclusive crisis responses.

Closing Note

The voices of rural women in this study remind us that resilience is not merely an individual virtue but a survival strategy shaped by systemic inequalities. For resilience to be truly empowering, it must be supported by responsive governance, inclusive policies, and strengthened community systems. Without such reforms, women's capacity to endure crises will continue to be celebrated while the structures that produce their burdens remain unchanged.

References

1. UN Women. (2020a). The COVID-19 pandemic and its impact on women.
2. Organization for Economic Co-operation and Development (OECD). (2020). COVID-19 crisis response in Southeast Asian, Chinese and Indian economies.
3. UNFPA Philippines. (2021). Gender & Inclusion Assessment (GIA) of the Impacts of the COVID-19 Pandemic on Vulnerable Women and Girls.
4. Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). *Care work and care jobs for the future of decent work*. ILO.
5. Khullar, A. (2021). *COVID-19: Impact on Women in the Philippines*.
6. Estrada, J. A. (2021). Modular distance learning in the Philippines: Struggles of parents in the new normal. *International Journal of Research Studies in Education*, 10(8), 55–66.
7. Atmuri, K., Sarkar, M., Obudu, E., & Kumar, A. (2022). The hidden impact of the COVID-19 pandemic on women's mental health in low- and middle-income countries. *Frontiers in Global Women's Health*, 3, 833606.
8. IBON Foundation. (2020). Gov't should check SAP's gross failure as COVID cases rise.
9. GMA News Online. (2021, March 31). Study says SAP failed to give relief to poor, calls for more ambitious pandemic welfare plan.
10. Cuayzon, M. L. C. (2021). Community pantry: Revitalizing the "bayanihan spirit" of the Filipinos amidst the COVID-19 pandemic. Mazedan. *International Journal of Social Sciences and Humanities*, 2(1), 6–12.
11. Castillo, R. C., & Maravilla, R. A. (2021). Community pantries and bayanihan: Civil society responses in times of crisis. *Philippine Sociological Review*, 69(1), 121–135.
12. Asian Development Bank (ADB). (2020). Bayan Bayanihan: ADB's COVID-19 Emergency Food Program Helps the Poor in Metro Manila.
13. Elson, D. (2017, May). Recognize, reduce, and redistribute unpaid care work: how to close the gender gap. *In New labor forum* (Vol. 26, No. 2, pp. 52-61). Sage CA: Los Angeles, CA: Sage Publications.
14. Folbre, N. (2018). Developing care: Recent research on the care economy and economic development. 24(2), 1–30.
15. Khan, S. R. (2001). Rural poverty in developing countries: Issues and policies. IMF Working Paper.
16. FAO. (2020). The impact of COVID-19 on rural lives: Livelihoods and food security in Asia. Food and Agriculture Organization of the United Nations.
17. Women, U. N. (2020). *Policy brief: The impact of COVID-19 on women*. UN Women.
18. Ballesteros, M. M., & Llanto, G. M. (2017). Land issues in poverty reduction strategies and the development agenda: The Philippines. Philippine Institute for Development Studies Discussion Paper Series.
19. Béné, C., Wood, R. G., Newsham, A., & Davies, M. (2012). Resilience: new utopia or new tyranny? Reflection about the potentials and limits of the concept of resilience in relation to vulnerability reduction programmes. *IDS Working Papers*, 2012(405), 1-61.
20. Alcayna, T., Bollettino, V., Dy, P., & Vinck, P. (2016). Resilience and disaster trends in the Philippines: Opportunities for national and local capacity building. *PLoS currents*, 8, ecurrents-dis.
21. Bello, M. (n.d.). Teenage pregnancy in the Philippines: Rising numbers during the pandemic. Rappler.
22. Walker, B., & Salt, D. (2006). *Resilience thinking: sustaining ecosystems and people in a changing world*. Island press.
23. Kumar, A., & Priya, R. (2021). COVID-19 pandemic and the politics of welfare in developing economies. *Journal of Asian and African Studies*, 56(8), 1783–1798.
24. Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
25. Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Sage publications.
26. Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59-82.
27. Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.
28. Castillo, M. (2021). Is the Philippine government Covid-19 response gender-blind. *NCPAG*.
29. Plan International Philippines. (2020). Through her lens: The impact of Covid-19 on Filipino girls and young women.
30. Al Jazeera. (2021). In this pandemic, Duterte has his priorities all wrong.
31. People's Health Movement. (2021). Failing COVID-19

-
- Response: A failure of a weak and privatized healthcare system.
32. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
 33. Vindrola-Padros, C., Chisnall, G., Cooper, S., Dowrick, A., Djellouli, N., Symmons, S. M., ... & Johnson, G. A. (2020). Carrying out rapid qualitative research during a pandemic: emerging lessons from COVID-19. *Qualitative health research*, 30(14), 2192-2204.
 34. Philippine Institute for Development Studies. (2021). COVID-19 and the rural economy: Impacts and policy responses.
 35. Women, U. N. (2020). Gendered dimensions of COVID-19 in the Philippines. *The Lancet*, 395(10231), 1168.
 36. Manen, M. V. (1990). Researching lived experience: Human science for an action sensitive pedagogy. (*No Title*). State University of New York Press.

Copyright: ©2025 Jerski Jarzen Cajuigan Duria, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.