



Challenges and Strategies of Women in Local Governance during the COVID-19 Pandemic: A Phenomenological Study

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Abstract: Scholarship on women in political leadership during the COVID-19 pandemic highlights their notable effectiveness in crisis governance. While some scholars attribute this to gendered traits, others point to institutional, political, and economic factors. However, limited research has examined the lived experiences of women leaders to understand what drives their crisis responses. This study addresses that gap by exploring how women at the local level, specifically women Punong Barangays (PBs) in Bukidnon Province, Philippines, perceived their leadership roles during the pandemic, focusing on the challenges they faced and the strategies they employed to overcome them. Using a phenomenological approach, data were collected through key informant interviews with purposive and snowball sampling. Data triangulation and ethical procedures, including informed consent, ensured validity and reliability. Thematic collation analysis revealed that women PBs encountered non-cooperation from residents, health risks, resource shortages, organizational constraints, emotional and physical strain, and role conflicts. To navigate these, they employed strategic communication, community education, and local partnerships to foster cooperation and address immediate needs. Effective resource management, personal resilience, and strong support networks, including family and faith, were instrumental in sustaining their efforts. Ultimately, these women viewed their leadership as a mandated duty, driven by commitment to public service and their close connection to grassroots communities. Findings suggest that women's effectiveness in crisis leadership stems not only from gendered attributes but also from motivations such as civic responsibility, community proximity, and emotional strength. The study contributes to rethinking women's political leadership in decentralized governance and offers insights for policy reforms to better support local women leaders beyond gendered expectations.

Keywords: Crisis governance; COVID-19 pandemic; Local governance; Phenomenology; Women political leaders

INTRODUCTION

Despite recent improvements, women are still underrepresented in global political leadership positions. As of January 1, 2025, 28 women hold the position of Head of State or Government in 25 different nations. Over 3 million (35.5%) of elected members of local deliberative bodies are women, according to data from 145 countries. Of the 26 countries

with more than 40 percent of women in local administration, only two have attained 50 percent ([UN Women, 2025](#)).

During the pandemic, there was a growing debate among scholars on how to understand the actions and impact of women political leaders during the health crisis. Kabeer, Razavi, and Rodgers (2021) argued that the gendered leadership traits were instrumental for women leaders to implement earlier lockdowns, prioritize public health, and emphasize social welfare programs compared to their male counterparts ([Kabeer et al., 2021](#)). In the US, women governors implemented early action and transparent leadership, which were thought to be the reason for lower COVID-19 mortality rates ([Sergent & Stajkovic, 2020](#)), and women mayors used collaborative governance, grassroots strategies, and proactive policies, but faced resistance ([Funk, 2020](#)). Also, Bruce et al. (2022) found that women mayors in Brazil implemented stronger pandemic policies, leading to fewer deaths. [Profeta \(2020\)](#) argues that women leaders are more likely to implement public health and family-oriented policies due to their gendered approach to governance and are perceived as more effective communicators, which allows them to encourage compliance with public health guidelines. For [Johnson & Thomson \(2022\)](#), their leadership approach was particularly suited for crises, emphasizing community well-being and public trust. [Tyner & Jalalzai \(2022\)](#) reinforced that when they studied New Zealand and Iceland's pandemic response, since, for them, in traditional feminine leadership in crisis governance, women were expected to be more nurturing and collaborative.

In a more contradictory view, other studies argued that these actions by women leaders were not due to gender alone, such as [Kabengele et al. \(2023\)](#), who argued that women's perceived effectiveness was shaped by gender stereotypes rather than objective governance. It means that public opinion about women leaders' success during the pandemic was often based on societal expectations of gender roles rather than an actual evaluation of their policies and crisis management effectiveness. It was supported by [Bauer et al. \(2020\)](#), who found that public compliance with COVID-19 policies did not differ significantly based on gender. Instead, they suggest that leadership legitimacy may be shaped by other factors such as state capacity and institutional strength ([Aldrich & Lotito, 2020](#); [Piscopo, 2020](#)), political [Maity & Barlaskar \(2022\)](#), and economic [Sergent & Stajkovic \(2020\)](#), policy timing and scientific decision-making [Tyner & Jalalzai \(2022\)](#); [Bruce et al. \(2022\)](#), and public trust and communication strategies ([Bauer et al., 2020](#); [Kabengele et al., 2023](#)). [Piscopo \(2020\)](#) strengthened this and argued that women-led countries were not necessarily more successful because of the gendered traits. Instead, state capacity, strong institutions, and pre-existing policies played a bigger role in pandemic outcomes. It counters the mainstream feminist narrative that suggests women leaders naturally govern better. [Aldrich & Lotito \(2020\)](#) warned that attributing crisis success solely to gender oversimplifies the role of governance structures and policy decisions.

Moreover, a growing number of studies on how women in local governance struggled with opposition from male-dominated institutions and national governments ([Funk, 2020](#); [Bruce et al., 2022](#); [Maity & Barlaskar, 2022](#)). [Funk \(2020\)](#) found tensions between higher governments transpired as Governors in some U.S. states overruled women mayors' strict public health measures due to partisan politics, economic concerns, and centralized decision-making power. In Brazil, female mayoral leadership had the same experiences when Brazilian President Jair Bolsonaro downplayed the virus, opposed strict public health measures, and actively discouraged the use of Non-Pharmaceutical Interventions (NPIs) such as lockdowns, mask mandates, and social distancing ([Maity & Barlaskar, 2022](#)).

Public backlash and gendered expectations were also documented by some studies that focused on local governance ([Funk, 2020](#); [Bruce et al., 2022](#); [Kabengele et al., 2023](#)). In the US, women mayors who imposed early lockdowns faced resistance from business sectors and some constituents ([Funk, 2020](#)). Also, in Brazil, women mayors resisted enforcing strict health measures. In the study of [Kabengele et al. \(2023\)](#), they were not always viewed positively because of political biases, gender stereotypes, and leadership expectations. Also, there were resource limitations felt by local women leaders. For [Bruce et al. \(2022\)](#), their experiences during the pandemic in Brazil were intensified by the lack of financial and logistical support from the federal government, especially in women-led municipalities. In the US, since women mayors faced opposition from state governors, financial aid was delayed or unevenly distributed, which leaves the local governments underfunded ([Funk, 2020](#)). In India, women *Gram Panchayat* (local government) leaders in India lack access to financial resources controlled by male-dominated state governments. They had to negotiate with male politicians to access COVID-19 relief funds ([Maity & Barlaskar, 2022](#)).

In general, a more nuanced understanding of the actions taken by women leaders at the local level is necessary to contribute to the understanding of what drives women to become part of crisis response during the pandemic by examining their subjective experiences. The primary objective of this study was to describe how women leaders perceive their involvement as community leaders during the pandemic, particularly in the context of local governance in Bukidnon, Philippines. This province experienced one of the longest community quarantines in the country, lasting seven months from April to October 2020. Bukidnon also witnessed dramatic surges in COVID-19 cases, with infections increasing by 200% every two weeks in late May 2021 ([Rosete, 2021](#)), and active cases more than doubling in just three days in January 2022 ([Cantal-Albasin, 2022](#)). These *Punong Barangays* were also the heads of the smallest political unit in the country. In the pursuit of providing a deeper understanding of the lived experiences of these local leaders during this global health crisis, their challenges and strategies were explored in this study. In doing so, this research moves away from the constraints of a purely gendered analysis. Instead, it allows the data from the research participants to emerge organically, representing the intended contribution of this study.

THEORETICAL FRAMEWORK

This study is grounded in phenomenology as a framework of analysis. This framework was motivated by literature on women in political leadership during the pandemic, which lacks a consensus on understanding women's actions. Most importantly, there is an ongoing debate about whether gender plays an important role in political leadership during a crisis. This study aims to delve deeper and contribute to the existing body of literature, enhancing our understanding of the factors influencing women's involvement during this global health emergency. Cilesiz (2010), as cited in [Yüksel & Yıldırım \(2015\)](#), states that phenomenological research aims to reach the essence of the individual's lived experience of the phenomenon while ascertaining and defining the phenomenon. This framework is suited to the ultimate goal of this study.

There are important aspects of phenomenology, such as lived experiences, what the participants felt, saw, and experienced ([Englander & Morley, 2023](#)). It is then complemented by the idea of a subjective meaning or intentionality, or asking a question, "what it is like" from the point of view of the subject of the study (Smith, Flowers & Larkin, 2009, cited in [Williams, 2021](#)). Moreover, a great consideration of situatedness or contextuality also highlights the study's locale, time, and social settings ([Englander & Morley, 2023](#); [Wertz, 2023](#)). Thus, considering the Province of Bukidnon as a culturally

rich locale in the Philippines and the pandemic as a specific time aspect were important in this study.

As the study investigates “phenomena,” this framework places great importance on understanding the essential meaning or the core of what makes the experiences what they are. Giorgi as cited in [Williams \(2021\)](#) states, “If one does not employ the eidetic reduction and arrive at an essence... proper phenomenological procedures have not been followed.” It is important to identify common themes or patterns representing the shared experiences of the women PBs in this study. The process must involve bracketing or reflexivity (epoché) to do this. [Wertz \(2023\)](#) explained that researchers must set aside their assumptions and adopt a phenomenological attitude, focusing only on the meanings as the participants experience them. The study also explores other aspects that influenced women's actions during the pandemic, beyond gender. The study aims to uncover and understand the deeper truths behind the experiences of the women PBs. [Applebaum \(2012\)](#) noted that phenomenological psychological research must be rigorous and strive for scientific credibility, requiring rich, descriptive data and a faithful representation of lived meaning. Therefore, the application of this framework will be further discussed in the following section.

RESEARCH METHOD

This research adopted a phenomenological approach. The study's primary data source was the 13 women *punong barangays* or community political leaders (see Table 1). *Punong Barangay* is a term used to refer to the head of the smallest political unit of the Philippines ([LGC, 1991](#)). These participants were carefully chosen since one of the primary criteria was that they must have served during the pandemic as community leaders.

Table 1. Participants’ Demographic Information

Participants	Age	Marital Status	Years of Experience as PB (Community Political Leader)
Participant 1	48	Married	6
Participant 2	51	Married	9
Participant 3	47	Married	6
Participant 4	54	Married	12
Participant 5	50	Married	17
Participant 6	74	Single	35
Participant 7	70	Married	6
Participant 8	62	Married	6
Participant 9	35	Married	12
Participant 10	49	Married	6
Participant 11	51	Married	6
Participant 12	55	Married	6
Participant 13	45	Married	9

Source: Gathered and Processed by the Authors (2025)

Given the nature of the study, which delved into women’s personal experiences, ethical procedures were of the utmost consideration. First, a letter informing the Provincial Department of Interior and Local Government (DILG) was sent to inform their office about the study. Based on their recommendation, the research proceeded to provide cover letters and copies of questions to the target women PBs in the province. Before the interview, informed consent was translated into the local language and provided to the research participants. They were given a clear and profound explanation of the intent and goals of the research. Finally, a copy of the transcript was shared with the research

participants, and they confirmed that the extracts were the same as the actual interviews to the best of their knowledge.

Moreover, key informant interviews (KII) were the primary technique for gathering data from the field. The women PBs participated in 60-90-minute intensive interviews with the phenomenological approach to qualitative interviewing, similar to what was proposed by [\(Brinkmann, 2023\)](#). In this method, the interviewer adopted an empathetic, non-judgmental stance to see the phenomenon from the participant's perspective. During the data interview process, follow-up questions were instrumental in delving deeper into the experiences of women PBs. To ensure reliability and validity, the data were cross-checked across 13 samples.

Finally, the claim that this research is methodologically grounded in phenomenology calls for the appropriate data analysis framework. This study followed the sophisticated approach to qualitative data advanced by [Garza \(2011\)](#) in his study of regrets. In this method, the researcher served as the main researcher, while the research participants served as co-researchers, which means that the latter served as the ones who were instrumental in gathering the data sought for the study. This method is illustrated in Figure 1 where the data collection involves gathering interview transcripts, identifying thematic moments that pinpoint key experiences or meaningful instances in the narratives, thematic clustering that groups related thematic moments into broader clusters, synthesizing meaning that interprets the deeper essence of the experience, and finally, the interpretation of findings which means writing up the results to capture the lived experience. It is important to caution the readers that this way of analyzing data was modified depending on the research needs and the author's capacity to employ these specific analysis methods.



Figure 1. Thematic Collation Analysis Process

RESULTS AND DISCUSSION

Background of Research Participants

Thirteen (13) women Punong Barangays (PBs) in Bukidnon were interviewed for this study (see Table 1). The participants' ages ranged from 35 to 74. Most women PBs had attained at least some college education level, with a few completing degrees such as AB Sociology, Associate Secretarial, Midwifery, or Juris Doctor, which may entail preparedness for leadership roles. Regarding marital status and family responsibilities, most participants were married, with family sizes ranging from one to eight children. The income levels, generally modest, ranged between \$166.00 and \$ 663.98 per month. Their leadership experience ranged from six years to as many as 35. These women came from ethnically diverse backgrounds, including *Cebuano*, *Bukidnon*, *Higaonon*, *Manobo*, and *Ilocano*, with most identifying as Roman Catholic and others following different Christian denominations. Some participants reported health conditions, such as high blood pressure or a history of mild stroke. Several also took on additional community roles, such as community religious leader, tribal elder, cooperative chairperson, or NGO leader. This

demographic data provides a context for women leaders and how personal circumstances and structural factors intersect, shaping how women navigated their responsibilities during the COVID-19 pandemic.

Challenges

Community Level Challenges

The resident's refusal to cooperate. The lack of cooperation among the community members with the COVID-19 protocols was the main challenge faced by women PBs. Participant 5 shared that issues about cooperation were because the residents would not follow their instructions. Participant 1 noted that, on the part of the residents, these policies were strict. Participant 8 was frustrated to share that the policies of their barangay were compared to the other barangay, which, according to the residents, were less strict. She added that other residents even employed fraudulent schemes to escape the checkpoints.

Health Risks from COVID-19. A major challenge faced by women PBs during the pandemic was the constant exposure to health risks, especially in monitoring and conducting checkpoints and educating the residents about COVID-19. Participant 13 said that despite this threat to her life, she needed to be present in the barangay. Participant 10 emotionally narrated how she was isolated because she was exposed to those who were declared positive for the virus. Participant 6 shared that despite her age, she continued to perform her duties:

"The real challenge was focusing on the people; we couldn't be afraid because we needed to save them from illness. That was our challenge - focusing on the people. We had to visit their areas. We would come home late because it took time. I was 73 years old then, and we had to bring food. An additional challenge was that we needed to take care of COVID-positive cases along with the BHW (Barangay Health Workers)." (Participant 6, personal communication, September 20, 2024).

The lack of cooperation among the community members challenged women PBs. It was also revealed that one reason was that the protocols they implemented, which the higher government mandated, were often too harsh for their residents. They defended themselves as local leaders, arguing that they did not craft these policies. It was a similar experience in various local governments around the world. In the US, women mayors who also imposed early lockdowns faced resistance from business sectors and some constituents ([Funk, 2020](#)), and in Brazil, where women mayors enforced strict health measures ([Bruce et al., 2022](#)). [Kabengele et al. \(2023\)](#) mentioned that women leaders were not always viewed positively because of political biases, gender stereotypes, and leadership expectations. However, this study suggests that from the perspectives of women leaders, it was not because of their gender, but these policies were too inhumane, and seeing their residents struggle made them feel pity.

There was also resistance on the part of these local leaders to the mandated COVID-19 protocols from the higher government. Interestingly, this experience from Bukidnon's community leaders differed from other local governments. [Funk \(2020\)](#) observed resistance to strict policies at the state level. Governors in some U.S. states overruled women mayors' strict public health measures due to partisan politics, economic concerns, and centralized decision-making power ([Funk, 2020](#)). The same experiences for women local leaders in Brazil ([Bruce et al., 2022](#)) and India ([Maity & Barlaskar, 2022](#)), where higher government authorities opposed strict COVID-19 policies at the local level. This study shows the reverse: local governments resisted harsh policies from the national government. Thus, this challenges the top-down policy assumption in crisis management.

Organizational Level Challenges

Financial and Resource Constraints. Women PBs were faced with financial difficulties since most of them had limited funding. Participant 5 shared that insufficient funding severely impacted the ability to provide immediate needs like food and mandated solutions like isolation facilities and medical supplies. Participant 1 emphasized that although they experienced this issue, they prioritized the residents who needed it most. Also, the complicated process of releasing funding made it hard for them to respond. Participant 9 shared that processing the funds was complicated.

Organizational Policy Limitations. There were limitations when it came to implementing the pandemic policies on the part of the barangay government. Based on the interview, Participant 1 shared that those policies regarding immediate burial were too strict. Participant 5 further explained that when someone was already buried in a mass grave and the result came out as negative with COVID-19, she realized that the policy was truly too harsh. Moreover, Participant 5 emphasized that they did not make these policies. They were the only instruments at the local level to implement these health-related protocols. Furthermore, aside from these strict national policies, women PBs were confronted with issues within the barangay.

Women PBs were faced with financial difficulties since most of them had limited funding. They also found the legal and financial processes particularly challenging and complex. [Patalinghug et al. \(2024\)](#) in *Zamboanga del Sur*, Philippines, during COVID-19, stated that women leaders had to mobilize support without strong institutional backing. Similarly, in other countries, [Bruce et al. \(2022\)](#) stated that Brazil lacks financial and logistical support from the federal government, especially in women-led municipalities. As a result, some local governments had to rely on NGOs and international aid to fund health and social programs ([Bruce et al., 2022](#)). In this study, women PBs partnered with local NGOs or other barangays for additional resources, aside from managing resources through budget augmentation and reallocating funds.

Personal and Family Level Challenges

Emotional and Physical Strain Due to Workload. The interview data offer a glimpse into the emotional and physical strain that barangay officials faced during the pandemic. Participant 5 shared that she was hurt to see her people experience difficult circumstances. Also, Participant 10 expressed that there were nights when she could not sleep because she was thinking about her situation whenever she was vulnerable to COVID-19 exposure. Additionally, some PBs expressed a negative impression of focusing too much on the responsibilities in the barangay. Participant 8 said she felt guilty about being more present in the barangay than at home. Some PBs shared about the kind of mindset they had while performing their duties during the pandemic. They shared the idea that every day they get exposed to possible COVID-19 positive, they feel so worried about the possibility of transmitting the deadly virus to their families who are waiting at home. The nature of the crisis hit these women as they were battling with an invisible enemy, one mistake that could compromise the health of their loved ones.

Further, women PBs are also confronted by the realities of physical vulnerabilities. Most women who participated in this study were already in their late 40s. Participant 1 shared that the feeling of being tired haunts them as they dispose of their duties as a public servant and try to satisfy the needs of their families. Although they know their age, they find ways to accomplish their task despite their challenges.

Family Issues and Role Conflicts. The stark reality among these women was that they also had families who needed them during the pandemic. Participant 8 shared that her family felt tension because she spent so much time in the barangay. She said there was no balance between her family responsibilities and public service duties. Also, Participant 1 expressed that she would leave early in the morning and come home late, and shared that

she barely talks to her family because of a hectic schedule. She said she was focusing too much on the barangay duties, but highlighted that she had no issues with her family during that time. Interestingly, Participant 5 shared that as a mother, she faced the fact that some family members resisted getting injections. During the pandemic, this was a common fear that injections were even more detrimental to health than contracting the virus. Aside from this, Participant 6 also shared that she needed to deal with financial problems within their family. As evident in the average income of all women PBs who have participated in this research, the average income was \$421.42, which is insufficient to support their families.

Further, some PBs expressed experiencing emotional toll and physical strain during the pandemic. The study revealed that women had to endure the emotional consequences of witnessing their residents suffer while also pushing through despite the limitations of their aging bodies. These findings align with [Funk \(2020\)](#), who highlighted the emotional burden women leaders face in managing crises at the local level. Similarly, through their phenomenological approach, [Patalinghug et al. \(2024\)](#) emphasized that women leaders in Zamboanga del Sur experienced significant stress and exhaustion in handling the COVID-19 pandemic. [Bruce et al. \(2022\)](#) further attributed this emotional labor to public expectations of empathy and care. This study supports that notion, as women leaders deeply empathized with their residents, recognizing the pain of suffering and loss because they, too, had families of their own. Their dedication to public service was not merely professional but deeply personal; this idea allowed them to connect with their communities personally.

Strategies

Organization Level Strategies

Communication and education to the residents. In dealing with residents who refuse to cooperate with the COVID-19 protocols, for women, PBs' communication and education were instrumental in addressing these challenges. One obvious fact was that the pandemic is about health and science. That is why, making the residents understand what was happening was also the priority of the women, as these trying times took a toll on the mental well-being of residents. Participant 9 expressed that she would explain and comfort the residents. She would educate the residents about the purpose of these laws, which were mandated by the higher authorities. Participant 5 said that once convinced, a mother like her would encourage them to follow the protocols of the pandemic. Participants 6 and 3 shared that they would educate the residents. They knew about health-related information because they were midwife and nurses, respectively. Finally, several PBs highlighted how their cultural background facilitated communication with their fellow members of the IP group. Participant 5, 8, and 7 shared their ability to speak their specific native language and explained the laws about the pandemic.

Collaboration, Cooperation, and Partnerships. To deal with the residents who refuse to follow pandemic policies and the intensity of work during the crisis, the women PBs recognize collaboration as an important aspect. This collaboration started within the barangay government structure, especially coordinating with the barangay treasurer to find solutions relating to funding. Participant 1 emphasized the idea of working together with the barangay council. Participant 5 highlighted her coordination with the barangay council in terms of the financial aspect. Participant 5 added that aside from her barangay council, she also recognized the help extended by the stakeholders in the barangay and her volunteers during food distribution and monitoring of patients. Participants 5 and 2 expressed their actions in soliciting funds from different stakeholders in the barangay, as they experienced financial issues. These stakeholders were businesses, organizations, and

teachers. Because of this, the actions of women PBs were organized and never felt like battling alone against the crisis.

Resource Management and Allocation. Since barangays had a limited budget to support the community's needs during the pandemic, women PBs had to look for extra funds through budget augmentation. Many women PBs shared that they would find extra funds in the other areas of concern of the barangay's annual budget. In this process, the barangay council is instrumental in looking for ways to support the needs of its residents. In the end, Participant 6 expressed that she must prioritize those who need help.

Family Support and Personal Level Strategies

Family Support. On a more intimate level, as women PBs faced challenges during the pandemic, they were surrounded by a positive support system. Recognizing the important roles of the barangay as a basic political unit of the country, this was performed alongside the kind of family they have. Participants 1 and 10 shared that they have children, but they are already grown so they can understand their mother's situation. Participant 1, 10, 3, and 5 expressed that their husbands were supportive of their work during the pandemic. Their understanding and disciplined families have provided them reasons to focus more on their public service duties rather than familial duties. However, Participant 1 expressed that she could give up the family's responsibility because of the demanding tasks in the barangay. Participant 5 also mentioned that all her attention went to the barangay since she did not face many problems within the family.

Health-Care Practices. On a personal level, being conscious about their health was considered an important factor by women PBs. Participant 1 shared that she approached the health challenges during the pandemic by eating healthy foods. Participant 9 emphasized that when she gets home after a long, busy day in the barangay or after roaming around the community, she performs self-disinfection and immediately changes her clothes. Participant 7 said she would tell her children not to go outside to avoid contact with other people who may have brought the deadly virus.

Resiliency and Emotional Strength. Due to limited resources, pressure from angry residents, and continuous requests for support, women PBs had to remain resilient and emotionally stable during the pandemic. Participant 9 shared that she needed to accept complaints from residents without taking them personally. Participant 7 mentioned that he viewed these challenges as opportunities for growth, believing they would ultimately make them a better public servant and individual. Similarly, Participant 9 perceived the pandemic as a temporary phenomenon that would eventually pass. She kept reminding herself that the hardships brought on by the pandemic were only temporary and that she would overcome them. Moreover, Participants 1, 3, 5, and 10 relied on their faith as a coping mechanism to manage the stress and pressure of being community leaders during the crisis. Meanwhile, Participant 8 expressed pride in herself for serving the community despite her numerous challenges.

In terms of the strategies during the pandemic, it was found that women PBs employed communication approaches such as convincing fellow mothers, educating the residents about health-related information since they are also health professionals, and, more importantly, they made an effort to explain important information to fellow cultural groups. These strategies were similar to those of the "gendered traits" argued by [Kabeer et al. \(2021\)](#) and [Profeta \(2020\)](#), which was according to [Johnson & Thomson \(2022\)](#), was their leadership approach that was particularly suited for crises, as it emphasized community well-being and public trust. For [Tyner & Jalalzai \(2022\)](#), these actions were traditional feminine leadership in crisis governance among women leaders during a crisis.

Similarly, women PBs took the lead in accomplishing tasks and being brave enough to face complaints to provide support to residents. The result also showed that these

leaders employed health care practices, regular disinfection, and restricted families from going outside to protect against the virus. These results corroborate the argument of [Kabeer et al. \(2021\)](#) that women leaders tended to implement earlier lockdowns, prioritize public health, and emphasize social welfare programs compared to their male counterparts. It was explained by [Profeta \(2020\)](#) that women leaders were more likely to implement public health and family-oriented policies due to their gendered approach to governance. They were also perceived as more effective communicators, encouraging compliance with public health guidelines.

Perception of their involvement as community leaders

The data presented above on their demographic background, challenges faced, and strategies employed served as baseline data in understanding how these local leaders perceived their involvement in community response during the pandemic. In this study, “perceived” refers to how women PBs understood and provided meaning in their role in leading, managing, and resolving pandemic-related issues at the barangay level, including their sense of responsibility, motivations for continued service despite challenges, and the key driving factors behind their leadership. Their perception encompasses their commitment to public service, adherence to government mandates, and personal dedication to ensuring community welfare, even in the face of significant personal and professional sacrifices. By doing so, the phenomenological analysis served as a framework for delving deeper into the experiences of research participants to provide meaning for this study.

Commitment to Public Service and Community Welfare

Despite the overwhelming challenges, women PBs viewed their leadership roles during the pandemic as a deep commitment to public service. Many women expressed fulfillment in solving pandemic-related problems, even in the face of opposition. Participant 1 stated,

“You’re happy because you can solve problems related to the pandemic. But it’s not always okay because not everyone will agree with how you address the problems as PB. The thing is, you need to comfort people.”

“My feeling was heartache; seeing my people experience such difficult circumstances hurts me. But I was happy because, despite the difficulties, I could serve the people and see they were satisfied with my service to them.” (Participant 5, personal communication, September 17, 2024).

Their involvement was not merely about implementing policies but ensuring people understood the necessity of restrictions and health protocols. Participant 5 echoed this sentiment. She highlighted that despite the difficulty, they found joy in serving. This sense of purpose reinforced their resilience in managing their barangays.

Responsibility as a Leader Amidst Government Mandates. Women PBs acknowledged the heavy responsibility placed upon them, especially as frontline enforcers of health policies dictated by higher government agencies. Participant 1 emphasized,

“Whatever the Department of Health policy was, as a Punong Barangay, I needed to implement those. Besides the normal responsibilities as a PB, I needed other responsibilities to deliver successfully.”

“The PB was always criticized during the pandemic, especially regarding quarantine passes. Some people wanted to go out to sell their crops before they spoiled, but I limited their time. They would get upset, but we had to prioritize health.” (Participant 9, Personal Communication, September 30, 2024).

They recognized that, despite the presence of specialized committees, the ultimate responsibility for public safety fell on their shoulders. Participant 9 highlighted the difficult task of enforcing quarantine protocols while facing backlash from community

members. Thus, these responses strengthen their intention to balance public safety with economic struggles within their communities.

Adaptive Leadership and Problem-Solving. Women PBs demonstrated adaptive leadership. They understand that community leaders shall find ways to address barangay issues with limited resources. Many took a hands-on approach in seeking solutions to financial and logistical constraints. Participant 6 stated,

"I'm very brave in facing issues. Even when the barangay has no money, I would look for a budget, check the disaster and health portion, and look for ways. I'm very happy when problems are solved."

The ability of these women to navigate bureaucratic challenges while ensuring continued service delivery highlights their resilience and resourcefulness. Additionally, some PBs emphasized the importance of long-term preparedness based on their pandemic experiences. Participant 5 mentioned, *"After the pandemic, you should always be prepared. The barangay should always budget to be ready. Because if you're not ready as a leader, we'll have difficulties when something comes."* The pandemic served as a learning experience in strategic planning and governance.

Personal Sacrifices and Emotional Burden. While fulfilling their duties, PBs bore significant emotional and personal burdens. Witnessing their constituents' struggles, many expressed worry, exhaustion, and even heartache. For instance, Participant 5 shared,

"It was a big responsibility [being a PB] because we dealt with people and lives. Although we prayed, I felt worried. But I overcame that worry through genuine action as PB."

"I roam around, and I think that they should also be safe because I came from outside. I should protect them because I was exposed to the virus." (Participant 6, personal communication, September 20, 2024).

Moreover, beyond the stress of leadership, Participant 6 also had to manage the risk of exposing themselves and their families to the virus. The emotional toll was evident in these responses, and their sense of duty often outweighed personal safety concerns, which ultimately reinforced the depth of their commitment.

Faith, Family, and Inner Strength as Driving Factors. Several PBs cited faith and family as key motivators that kept them resilient throughout the crisis. For instance, Participant 6 shared,

"Not a night passes that I don't pray. I trust in God. I always thank Him. I surrender everything to Him every night because He's in control."

"There were no obstacles because my family helped me. About being a woman, none at all."

These experiences imply the role of spirituality in upholding their duties despite the uncertainties they face. Also, support from family members played a crucial role in sustaining their leadership.

It was found that women PBs were driven by their sense of obligation and dedication to public service. They saw their involvement during the pandemic as a responsibility to implement and enforce COVID-19 policies or protocols since they understood they were the closest to the people. However, they struggle with compliance among themselves and their residents, confront role conflict between their leadership and family, and experience emotional and physical exhaustion. In the study of [Bauer et al. \(2020\)](#) and [Sergent & Stajkovic \(2020\)](#), these issues in compliance were due to the biases in the public perception towards women. Women's leadership legitimacy was questioned since their authority was undermined by gender biases and public skepticism ([Bauer et al., 2020](#); [Sergent & Stajkovic, 2020](#)). These biases were due to the public perception that women

leaders are often associated with public health and social issues, which are seen as “feminine” leadership areas. It is problematic because gender bias influences compliance, which implies that individuals may be less receptive to female leaders’ policies if they belong to the opposing political party ([Bauer et al., 2020](#)).

However, it was found that the resistance among residents in different barangays in the province of Bukidnon stemmed from their inability to understand the policies. Because of this, women PBs leveraged their backgrounds as health professionals (midwife and nurse) and as members of the Indigenous people’s community. Additionally, to cope with these challenges, they believed their involvement required resourcefulness in addressing community needs, such as collaboration and partnerships. They also felt the need to communicate and educate the residents strategically. Ultimately, the driving factors behind their involvement in community response were family support as a source of strength, faith, and resilience in overcoming challenges.

CONCLUSION

This study found that the most common challenge faced by women political leaders during the pandemic was resistance from the public. However, in contrast to existing literature that often attributes this to gender bias, this study suggests that the resistance was rooted in the perception that some policies were too inhumane. Notably, resistance was not only from the public; women leaders resisted the harsh top-down policies mandated by higher authorities. It presents a reverse narrative, wherein the higher levels of government showed rigidity, challenging dominant assumptions in crisis management literature about local compliance with national directives. Alongside this resistance, women leaders encountered financial and resource constraints, limitations in institutional capacity, and emotional and physical strain, particularly in balancing family responsibilities with political leadership. Despite these difficulties, they actively employed communication and educational strategies, built collaborations, managed scarce resources, and took the initiative to address their communities’ needs. While these leadership approaches align with existing narratives on the gendered nature of women’s crisis leadership, a phenomenological analysis framework reveals deeper motivations rooted in lived experience. Their empathetic response emerged from gendered expectations and their connection to being family-oriented individuals embedded in their communities.

Ultimately, this study contributes to the literature by exploring how and why women leaders persevered through such challenges. Their participation during the pandemic was driven by a strong sense of duty, deep commitment to public service, and an understanding of their unique role as the closest government officials to the people. They carried out their responsibilities at great personal cost, often sacrificing family time and enduring emotional burdens. Yet, they perceived their leadership not only as mandated work but as a form of resourcefulness grounded in faith, emotional resilience, and family support. Thus, this study reinforces and challenges existing perspectives on women’s political leadership by surfacing motivations beyond institutional capacity and gendered traits. These findings emphasize the need to rethink leadership frameworks within decentralized governance and inform policy reforms beyond gender-based assumptions. For future research, it is important to explore how intersecting identities such as socio-economic status, ethnicity, and religion further shape women’s governance experiences. The study recommends that higher government bodies adopt more consultative approaches in crafting crisis policies, encourage formal partnerships with NGOs and community groups, and support peer mentoring networks to strengthen women leaders’ capacities while helping them balance professional and familial roles.

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