

RESEARCH ARTICLE

Self-initiated protection behavior based on Magna Carta of women: Women health workers, teachers, and minimum-wage earners in the workplace

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ABSTRACT

The problem of violence in the workplace continues to expand and it casts a shadow on organizational environments all around the world. This phenomenon extends to different fields or sectors and is pervasive throughout a wide range of job environments, such as those in the healthcare industry, educational institutions, local and informal economies, and service industries. The purpose of this study was to analyze the actions of working women when their rights had been/will be violated. This quantitative study was conducted in Zamboanga Peninsula, Philippines among women in academe (n=121) and health institutions (n=39), and women of minimum-wage earners (n=42). Findings indicated that working women in the region tend to seek information outside their organizations when violence will happen; they also seek information when their rights once were violated. In some instances, they would only file a complaint when they feel discriminated against and when equal rights in the workplace are not well implemented. Notably, minimum-wage earners and health workers are more likely to file a complaint than teachers. The findings resonate with broader societal patterns wherein hesitancy to report workplace violations are deeply embedded. Such behaviors perpetuate gender-based violence and hinder the development of gender-sensitive and conducive workplaces. To deconstruct the gender and development (GAD) limitations, interventions need to extend beyond the present organizational policies to instill a culture of empowerment and safety for all individuals, fostering an environment conducive to open discussions, proactive conflict resolution mechanisms, and reliable report systems.

Keywords: Gender and Development; Magna Carta of Women; Protection Behavior; Violence against Women; Working Women; Workplace Violence

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1. Introduction

Gender violence in the workplace is a complicated and prevalent issue that affects individuals, companies, and larger society systems. It includes verbal and physical abuse, harassment, and discrimination against people based on their gender identity or expression.

Gender violence in workplaces manifests in different ways, including sexual harassment, discrimination in hiring or promotions, unequal pay for equal work, verbal abuse, intimidation, and the perpetuation of hostile work environments. These forms of violence create profound psychological, emotional, and sometimes physical harm, adversely affecting the well-being, productivity, and career trajectories of the victims^[1-4].

This study aimed to determine the self-initiated actions of working women in health and academic institutions, and those employed in minimum-wage organizations. Self-initiated actions refer to actions done/to be done (i.e., seek information, file a complaint) when violence happens/will happen. This study was an extension of a study conducted by the researchers about the awareness of working women regarding their Magna Carta rights^[5]. Generally, working women in the previous study revealed that the implementation of Magna Carta in Zamboanga Peninsula, Philippines is limited and insufficient. Hence, this current study expands the previous concept by analyzing the self-initiated actions of working women and comparing their demographics.

Gender-based violence affects one in four women in the Philippines, and 41% of victims are not seeking assistance^[6]. Despite existing legislation and a significant local anti-violence against women (VAW) movement, there are numerous barriers prevent in VAW victims from seeking help., such as economic, geopolitical, and cultural systems.

Filipino women are constrained by a patriarchal society that prioritizes male authority in both family units and broader social institutions^[7-9]. Because women are expected to be selfless and sacrifice their safety and security for the sake of their family's reputation, few of them ask for assistance. The culture of victim-blaming stems from the idea that defying gender norms promotes objectivity, guilt, shame, and even justifying the violence^[7]. Their mistrust of the system is exacerbated by the extra obstacles of discrimination, stigma, state negligence, and harassment by law enforcement, which lowers their likelihood of reporting crimes to the authorities^[10].

The Philippine government has enacted laws and implemented policies designed to address the issue of VAW due to its increasing concern. Sumbas and Koyuncu ^[11] advocate for the establishment of policies that are gender-responsive and grassroots efforts to empower women at the local level. The involvement of the government, particularly its leadership, in integrating gender and development (GAD) policy and providing GAD services is crucial^[12].

Republic Act No. 9710 of 2009, often known as the Magna Carta of Women, stipulates that the State opposes all forms of discrimination against women. It is the policy of the state to eliminate discrimination against women, and it is pursued by no delay and using all suitable means^[13,14]. In the Magna Carta of Women, organizing women, educating them about their rights, promoting the importance of pleasure and safety, and encouraging help-seeking behaviors are crucial steps towards fostering women empowerment^[6]. This involves deconstructing gender bias norms, implementing non-discriminatory employment practices, enhancing leave benefits, ensuring equal opportunities for education and training, improving information access, and promoting the inclusion of more women in leadership positions to drive policy reform. It is important to enhance community-based reporting and response systems, along with bystander education, in order to address sociocultural norms that tolerate violence against women. This will help women receive the support they need

from their communities.

In the previous study conducted by Chavez et al.^[5], working women in Zamboanga Peninsula, Philippines were moderately aware ($\bar{x} = 3.64$) of their Magna Carta rights while their institutions were nearing compliant ($\bar{x} = 2.52$). The study noted that women were moderately aware of their rights in comprehensive health services, marriage and family relations, participation in sports, and special leave benefits. Their institutions were nearing compliance in protection from all forms of violence, protection from disasters/calamity, and providing equal participation in sports. Hence, to expand the data collected previously, this study aimed to analyze the actions taken/to be taken by the working women in the region. Assessing how they respond to any violations of their rights is essential in improving the GAD practices in workplaces. The findings of this study were used to refine the GAD policies in the region especially among women in academe, health institutions, and minimum-wage earners.

The study takes a strategic approach to structuring analysis based on the challenges faced by different demographics of the working female population by focusing on specific sectors such as academia, health institutions, and minimum-wage earners. Policy changes guided by empirical knowledge may result in actual improvements in the GAD landscape, ultimately encouraging more inclusive and fair workplaces for women. As a result, this study plays an important role in the scholarly goal of increasing gender awareness, institutional compliance, and overall empowerment of working women in Zamboanga Peninsula.

2. Literature review

2.1. Establishment of Philippine RA 9710

The Magna Carta of Women is a comprehensive legislation for human rights that seeks to eradicate discrimination by recognizing, protecting, fulfilling, and promoting the rights of Filipino women, particularly those from marginalized sectors in society. The marginalized sectors include people who face poverty, inaccessibility to essential resources (e.g., food, water, healthcare, employment). The RA 9710 was a local translation of the Convention on the Elimination of All Forms of Discrimination against Women's (CEDAW). On the website of Philippine Commission on Women (PCW), they summarized the provisions of RA 9710 which include:

- a. Protection from all forms of violence
- b. Protection and security in times of disaster, calamities and other crisis situations
- c. Participation and representation
- d. Equal treatment before the law
- e. Equal access and elimination of discrimination against women in education, scholarships and training
- f. Equal participation in sports
- g. Non-discrimination in employment in the field of military, police and other similar services
- h. Non-discriminatory and non-derogatory portrayal of women in media and film
- i. Comprehensive health services and health information and education
- j. Leave benefits with full pay based on gross monthly compensation, for women employees who undergo surgery
- k. Equal rights in all matters relating to marriage and family relations

2.2. Prevalence of violence at work

Violence can manifest not just in physical form, but also through verbal and psychological means^[11, 15-17]. Verbal and psychological violence detrimental impacts social interactions and may include nonverbal gestures

that convey threats such as shaking fingers or making offensive signs, as well as verbal threats such as screaming, shouting, swearing, and expressing anger in an aggressive manner^[18].

Research has demonstrated that women exhibit a higher susceptibility to violence compared to men^[19]. conversely, after an event occurs, the gender composition of norms undergoes a notable shift towards being predominantly male^[5]. Folke and Rickne^[20] establish that women have a higher likelihood of encountering sexual harassment in the workplace. Furthermore, they find that the occurrence of harassment is more probable when women constitute a minority in the workforce. They noted that employees are willing to sacrifice around 10% of their earnings to prevent instances of sexual harassment in the workplace.

One of the elements that contributes to violence is the educational attainment of women or their partners^[21,22]. The ages of women and their partners also influence the prevalence of violence^[23,24]. Another factor that influences the likelihood of women to experience verbal and psychological violence is the level of economic difficulty that women or their families are experiencing^[25,26].

Research on nurses in a female-dominated field revealed that the likelihood of nurses encountering violence in their workplace was three times more than in other occupations. Additionally, over ten percent of nurses have encountered at least one instance of violence^[18]. Verbal aggression was the most witnessed kind of violence. Verbal aggression is frequently witnessed among personnel in emergency and intensive care units, as has been reported^[18,27,28].

2.3. Magna Carta in the Philippine workplaces

The study of Catubigan et al.^[29] revealed that women (i.e., vendors of seafood products) in informal economy in Davao Oriental, Philippines acknowledge the existing policies that protect women in the workplace including essential rights aspects like association and organize their association (98.57%), no discrimination to them (81.43%), protection from sexual harassment (72.86%). However, the study also found out that only 38.57% know that there should be equal pay for them. The study also found out that working women in the informal economy face health problems such as lung problems (52.86%), skin problems (52.86%), eye problems (50%), and miscarriage while working (4.29%).

Public school teachers have consistently expressed frustration with the burdensome paperwork and systems they are required to deal with. The increased workload detracted from their ability to prioritize their families, personal well-being, and their hobby of teaching itself^[30]. In addition, the study conducted by Jomoad et al.^[31] uncovered that teachers experience a significant workload, leading to burnout and decreased work performance.

The Civil Service Commission (CSC) has addressed the need for consistent interpretation and application of RA 4670, or the Magna Carta for Public Teachers, by issuing Resolution No. 080096. Accordingly, teachers are expected to adhere to a standard work schedule of 8 hours a day, 5 days a week, or a total of 40 hours a week. In this provision, teachers are limited to teach inside the classroom for only 6 hours, while the remaining 2 hours are spent in or outside the school premises following the DepEd Memorandum No. 291 s. 2008 as amended in DepEd Order No. 16, s. 2009.

Similar to other sectors, local government units are confronted with the challenge of ensuring sufficient financial and non-financial incentives, as well as career support, for human resources for health (HRH). Implementing sustainable professional growth programs for the HRH in the local governments could potentially yield positive outcomes^[32]. Globally, it is acknowledged that there is a must to uphold and expand educational and training initiatives in order to guarantee the long-term sustainability of frontline for HRH.

Research has demonstrated that when individuals participate in training and career development programs, their performance improves in order to effectively address the global difficulties they encounter in their work^[33,34].

In the study of Tejero^[32], findings indicated that although categorized as rural municipalities, 33.3% of the LGUs can offer HRH salaries that are equivalent to those provided by special cities and first-class provinces. Approximately 77% of the LGUs were able to provide the advantages outlined in the Magna Carta for Public Health Workers. However, only 16.7% of the LGUs were able to completely implement these benefits.

2.4. Theoretical underpinnings of self-initiated actions

This study was anchored to the theoretical concepts of the Theory of Planned Behavior (TPB). This theory posits that human behavior is directed by three types of beliefs—the behavioral beliefs, normative beliefs, and control beliefs^[35].

Behavioral beliefs involve the assessments and perceptions of individuals regarding the possible results or effects that may be linked to a specific behavior. Normative beliefs include an individual's conceptions of social norms and the anticipated conduct of influential individuals about the action. Control beliefs pertain to an individual's evaluation of the elements that either promote or discourage the fulfillment of a particular behavior^[36-39].

Within workplaces, normative beliefs pertain to an employee's assessment of whether reporting workplace violence is consistent with the dominant company culture or if it is encouraged by colleagues and authorities. Control beliefs in the working setting entail an employee's confidence in properly reporting workplace challenges, the presence of suitable channels for reporting, and the anticipated outcomes of taking such activities.

Expanding on the TPB framework reveals connections among the beliefs in shaping human behavior across different contexts^[40]. These cognitive processes lead to behavioral decisions, which are influenced by an individual's perception of control mechanisms, social expectations, and assessments of the expected results^[41,42].

Employee's beliefs influence whether they feel capable of intervening or reporting violence, considering factors such as fear of retaliation, confidence in organizational support, or the effectiveness of available procedures, and feel compelled to step in, report the incident to authorities, or seek help, based on their assessment of the potential consequences.

3. Research questions

This study aims to analyze the actions done/to be done when the Magna Carta rights had been/will be violated. Below are the specific questions answered in this study.

(1) What are the demographic traits of the respondents?

- a. Civil Status
- b. Sector
- c. Monthly Income Bracket
- d. Management Levels
- e. Educational Attainment

(2) What is the level of action of the respondents if their rights under Magna Carta for Women will be

violated?

(3) What is the level of action of the respondents when their rights under Magna Carta for Women have been violated?

(4) Are significant differences when data are grouped based on participants' demographic traits?

4. Methods

4.1. Research design

Discrimination among women in workplaces is reportedly on the rise because of the prevalence of noncompliance to Magna Carta of Women. Discriminatory concepts include economic distress, inequality, gender disadvantages to positions, and the like. This quantitative research included analysis that used social elements of communication, as well as the methods people use to influence the impression they convey. This study was a comparative-survey that compared the self-initiated actions of working women based on their demographics.

4.2. Population and sampling technique

This study used a purposive sampling technique. Purposive sampling involved the selection of participants based on characteristics relevant to the study. The researchers developed several qualifying criteria for participants that influence whether they will be accepted as participants into the research project.

Specifically, the respondents were pre-qualified as health workers, educators, and minimum-wage-earners of permanent and non-permanent status employees coming from different 31 organizations and companies.

There were 202 participants for this study, and they are working regularly in health, education, and other works. **Table 1** presents the organizations/fields that the participants worked.

Table 1. Demographic breakdown based on type and location of employers.

Organizations/fields	Hospitals	Academic Institutions	Minimum-wage earners	Total
Type and organization or employer				
Public	3	10	4	17
Private	4	4	6	14
Location of organization or employer				
Zamboanga City	4	8	6	18
Basilan	2	2	2	6
Zamboanga del Norte/Sur	1	4	2	7

The different orientations and profiles come from representation to extensively depict the various sources of awareness, compliance, and actions to Magna Carta for Women of their organizations or employers. **Table 2** presents the characteristics of the workplaces where the participants worked.

Table 2. Characteristics of the workplaces.

Categories	n	Total
Hospitals	<100 bed capacity	1
	100-150 bed capacity	5
	>150 bed capacity	1
Academic institution	Higher education (college)	4
		14

	Basic education (K–12)	10	
	Canning factory	2	
Minimum-wage	Consumer/retail manufacturing	3	10
	Food services	2	
	Academic institutions (non-teaching staff)	3	

5. Research instruments

The tools for this investigation were based on the preliminary objectives. The extraction and analysis of study data is covered by using a four-category survey questionnaire involving the actions to be taken and actions already taken in meeting the provisions of Magna Carta.

The first part of the survey was on the respondents’ the actions to be taken if the rights under Magna Carta for Women are violated. Using the same list of rights, the respondents had to choose based on the Likert scale [1] no action, [2] seek information within the institution, [3] seek information outside the institution, [4] file a complaint, and [5] take legal actions.

The second part of the survey is on the respondents’ actions taken when the rights under Magna Carta for Women were violated. Using the same list of rights, the respondents had to choose based on the Likert scale [1] no action taken, [2] asked and inquired information within the institution, [3] asked and inquired information outside the institution, [4] filed a complaint, and [5] taken legal actions.

6. Data-gathering and ethical considerations

The researchers followed a structured and systematic data collection process to gather data from the participants. The steps below specify the process that the researchers followed in gathering the data.

Step 1: Preparation and Approval

Ethical approval was imperative for the researchers, involving the preparation of a comprehensive research proposal outlining the purpose, methodology, and potential impact. This proposal is then submitted to the appropriate ethics board or institutional review board (IRB) for evaluation and approval.

Step 2: Selection of Participating Organizations

Identification of suitable organizations included thorough assessments to pinpoint organizations relevant to the study. Subsequently, efforts are made to establish contact with key personnel or decision-makers within these organizations to pave the way for seeking permissions.

Step 3: Approval from Selected Organizations

Drafting a permission request that eloquently communicates the survey's purpose, methodology, and anticipated benefits is paramount. These requests were then dispatched to the identified organizations, with diligent follow-ups through email or phone to ensure receipt and review.

Upon dispatching the requests, allowing sufficient time for organizations to review and respond is crucial. Upon receipt of approvals, documenting these permissions meticulously was necessary for future reference and transparency.

Step 4: Initial Tests for Questionnaire

The logistical aspect involves the preparation of survey materials using a suitable format or platform, followed by a pilot test to guarantee clarity, relevance, and functionality. Determining the survey distribution method, whether online or in-person, and establishing clear timelines for dissemination, form the final steps

of this phase.

Step 5: Administering of Survey Questionnaire

The researchers administered the distribution of the questionnaire to the identified participants within the approved organizations. Simultaneously, rigorous monitoring of responses was carried out to promptly address any technical glitches or participant inquiries.

Step 6: Finalizing and Reporting

Following the data collection phase, systematic organization and cleaning of the gathered information precede the utilization of appropriate statistical or qualitative methods for analysis. This culminates in the preparation of a comprehensive report summarizing the survey process, methodology, results, and implications, which is then shared with the organizations and relevant stakeholders.

7. Data analysis

This study used the Jeffreys's Amazing Statistics Program (JASP) version 0.18.3.0, a free and open-source program, in analyzing the self-initiated behavior of women. This software enabled the researchers to analyze the numerical data from surveys using its point-and-click interface. Using the program, this study employed a structured approach to analyze the collected survey data, utilizing statistical methods including weighted mean, t-test, and ANOVA to discern patterns, trends, and significant differences among variables.

The weighted mean was used to calculate the average score for specific survey items, accounting for varying remarks/interpretations attributed to different responses. Weighted means were particularly useful in gauging nuanced opinions or perceptions across multiple items within the survey.

The t-test was utilized to examine the significance of differences between two distinct groups within the surveyed population. By comparing means between these groups, it facilitated the identification of statistically significant variations. This method enabled a rigorous assessment of whether observed differences between groups were likely due to chance or if they were genuinely representative of disparities within the surveyed parameters.

Analysis-of-Variance (ANOVA), a robust statistical tool, was employed to evaluate significant differences among multiple groups or conditions within the survey responses. ANOVA allowed for a comprehensive understanding of how different factors influenced the surveyed outcomes, identifying noteworthy discrepancies among the groups under investigation.

8. Results

Studying women's responses offers insights into how violations affect them personally and socially. It helps gauge the depth of the impact and the emotional, psychological, and social consequences of such violations. It provides crucial data for legal systems to understand how effectively Magna Carta rights are being upheld for women. This analysis highlights potential limitations in the legal framework concerning gender rights of working women.

8.1. Demographics of the working women

Table 3 indicates that majority of participants worked in academe (n=121; 61%), have mid-range income from Php11,000–Php22,000 (n=90; 45%), living in Zamboanga City (n=129; 65%), working in public organizations (n=153; 77%), married (n=119; 60%), have at least a bachelor's degree (n = 172; 86%), and working within rank and file (n = 171; 61%).

Table 3. Demographic traits of respondents.

Demographic Profile	Categories	n	%
Sector	Health	39	20%
	Academe	12	61%
	Minimum-wage-earner	42	21%
Monthly Income	<Php 11,000	60	30%
	Php 11,000–Php22,000	90	45%
	>Php 22,000	52	26%
Location	Zamboanga City	12	65%
	Basilan	9	23%
	Zambo del Norte/del Sur	45	14%
Type of organization	Public	15	77%
	Private	3	25%
Civil Status	Single	49	42%
	Married	83	60%
Educational Attainment	College	17	86%
	did not finish	2	15%
Rank/Position	Head of Office	31	16%
	Rank and File	17	86%

In **Table 4** below, the participants indicated that if their Magna Carta rights will be violated, they mainly file complaint for protection ($\bar{x} = 3.62$), equal rights related to marriage and family relations ($\bar{x} = 3.56$), and for equal rights before law ($\bar{x} = 3.52$). In contrast, for some instances e.g., equal access in education, scholarships, and training ($\bar{x} = 3.39$), having comprehensive health services and education ($\bar{x} = 3.29$), protection in times of disasters, calamities ($\bar{x} = 3.28$), and equal participation in sports ($\bar{x} = 3.07$), working women were open to seek information outside their organizations if they felt their rights had been violated.

8.2. Actions to be taken when the Magna Carta rights will be violated

The findings of this study opened some relevant questions about how factors like education levels, income, type of organization, and position could influence someone to act on something. Notably, there could be theoretical representations for these instances. In-depth analysis is essential to expand the understanding about the actions someone would take when their rights will be violated.

Table 4. Actions when Magna Carta will be violated.

Provisions of Magna Carta for Women	\bar{x}	Remark
Protection from all forms of violence, including those committed by the State	3.62	file complaint to avail the rights or protection
Equal rights in matters relating to marriage and family relations	3.56	file complaint to avail the rights or protection

Equal treatment before the law	3.52	file complaint to avail the rights or protection
Awareness that not implementing or not provided means neglect of duty of the community or heads of offices	3.40	seek information or inquiry outside of the organization
Equal access and elimination of discrimination against women in education, scholarships, and training	3.39	seek information or inquiry outside of the organization
Government Agencies to have annual programs on women protection and welfare	3.30	seek information or inquiry outside of the organization
Comprehensive health services and health information and education	3.29	seek information or inquiry outside of the organization
Protection and security in times of disasters, calamities, and other crises.	3.28	seek information or inquiry outside of the organization
Participation and representation	3.28	seek information or inquiry outside of the organization
Special leave benefits of two (2) months with full pay based on gross monthly compensation, for women employees who undergo surgery caused by gynecologic disorders	3.27	seek information or inquiry outside of the organization
Equal participation in sports	3.07	seek information or inquiry outside of the organization
Composite Mean	3.36	seek information or inquiry outside of the organization

Range: 1.0-1.80 No action; 1.81-2.60 seek information or inquiry within the organization; 2.61-3.40 seek information or inquiry outside of the organization; 3.41-4.20 file complaint to avail the rights or protection; 4.21-5.0 take legal action to avail the right or protection.

In **Table 5** below, this study determined that health workers ($\bar{x} = 3.61$) and minimum-wage earners ($\bar{x} = 3.41$) would opt on filing a complaint when their rights will be violated. Workers earning <Php11,000 ($\bar{x} = 3.52$) and working in private organizations ($\bar{x} = 3.53$) also would file a complaint. Workers in rank-and-file positions ($\bar{x} = 3.34$) would rather seek information when their rights will be violated. Similarly, college graduates ($\bar{x} = 3.33$) would seek information outside their organization.

Table 5. Action to take if the Magna Carta for Women Rights will be violated.

	Demographics	\bar{x}	Remark
Sectors	Health	3.61	file complaint
	Academe	3.28	seek information outside
	Minimum-wage-earner	3.41	file complaint
Monthly Income	<Php 11,000	3.52	file complaint
	Php 11,000–Php22,000	3.33	seek information outside
	>Php 22,000	3.29	seek information outside
Location	Zamboanga City	3.37	seek information outside
	Basilan	3.54	file complaint
	Zambo del Norte/del Sur	3.14	seek information outside
Type of Organization/Employer	Public	3.22	seek information outside
	Private	3.53	file complaint
Civil Status	Single	3.45	file complaint
	Married	3.32	seek information outside
Education	College	3.33	seek information outside
	Did not finish	3.65	file complaint
Rank/Position	Head of office	3.60	file complaint

Rank and file	3.34	seek information outside
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Range: 1.0-1.80 No action; 1.81-2.60 seek information or inquiry within the organization; 2.61-3.40 seek information or inquiry outside of the organization; 3.41-4.20 file complaint to avail the rights or protection; 4.21-5.0 take legal action to avail the right or protection.

8.3. Actions taken when Magna Carta rights were violated

Table 6 summarizes the data collected from the survey. The table indicated that working women once filed complaint after their Magna Carta rights had been violated in instances like a state-committed ($\bar{x} = 3.40$), marriage- or family-related ($\bar{x} = 3.39$), and access to education, scholarships, and trainings ($\bar{x} = 3.38$). However, they opt on inquiring information outside their organizations when their rights were violated like neglect of duty ($\bar{x} = 3.36$), limited annual programs for protection and welfare ($\bar{x} = 3.31$), limited health services given to them ($\bar{x} = 3.27$), equal participation in sports ($\bar{x} = 3.21$), and representation of them ($\bar{x} = 3.18$).

When their Magna Carta rights were violated, working women generally sought information from outside of their organization to answer their questions about whether any violations had been made.

Table 6. Actions when Magna Carta rights were violated.

Provisions of Magna Carta for Women	\bar{x}	Remark
Protection from all forms of violence, including those committed by the State	3.40	filed complaint to avail the rights or protection
Equal rights in matters relating to marriage and family relations	3.39	filed complaint to avail the rights or protection
Equal access and elimination of discrimination against women in education, scholarships, and training	3.38	filed complaint to avail the rights or protection
Awareness that not implementing or not provided means neglect of duty of the community or heads of offices	3.36	asked and inquired information outside of the organization
Protection and security in times of disasters, calamities, and other crises.	3.34	asked and inquired information outside of the organization
Equal treatment before the law	3.32	asked and inquired information outside of the organization
Special leave benefits of two (2) months with full pay based on gross monthly compensation, for women employees who undergo surgery caused by gynecologic disorders	3.31	asked and inquired information outside of the organization
Government Agencies to have annual programs on women protection and welfare	3.31	asked and inquired information outside of the organization
Comprehensive health services and health information and education	3.27	asked and inquired information outside of the organization
Equal participation in sports	3.21	asked and inquired information outside of the organization
Participation and representation	3.18	asked and inquired information outside of the organization
Composite Mean	3.31	asked and inquired information outside of the organization

Range: 1.0-1.80 No action made; 1.81-2.60 asked and inquired information within the organization; 2.61-3.40 asked and inquired information outside of the organization; 3.41-4.20 filed complaint to avail the rights or protection; 4.21-5.00 Taken legal action to avail the right or protection.

In **Table 7** below, it further segmented the actions taken based on the demographics of the working

women. For instance, women working in academe ($\bar{x} = 3.18$) only seek information outside when their rights have been violated. Similarly, women earning <Php11,000 ($\bar{x} = 3.50$) and those working for private organizations ($\bar{x} = 3.50$) also once filed a complaint.

Table 7. Actions when Magna Carta rights were violated based on demographics.

	Demographics	\bar{x}	Remark
Sectors	Health	3.67	file complaint
	Academe	3.18	seek information outside
	Minimum-wage-earner	3.55	file complaint
Monthly Income	<Php 11,000	3.50	file complaint
	Php 11,000–Php22,000	3.23	seek information outside
	>Php 22,000	3.39	seek information outside
Location	Zamboanga City	3.32	seek information outside
	Basilan	3.60	file complaint
	Zambo del Norte/del Sur	3.11	seek information outside
Type of Organization/Employer	Public	3.22	seek information outside
	Private	3.50	file complaint
Civil Status	Single	3.50	file complaint
	Married	3.25	seek information outside
Education	College	3.31	seek information outside
	Did not finish	3.60	file complaint
Rank/Position	Head of office	3.90	file complaint
	Rank and file	3.25	seek information outside

Range:1.0-1.80 No action made; 1.81-2.60 asked and inquired information within the organization; 2.61-3.40 asked and inquired information outside of the organization; 3.41-4.20 filed complaint to avail the rights or protection; 4.21-5.00 Taken legal action to avail the right or protection.

8.4. Statistical inference based on demographic traits

Statistical analysis **Table 8** in this study observed strong differences in the actions to be taken based on the type of organization and education level. Comparisons indicated that the type of organization ($p = 0.005$) and education level ($p = 0.000$) mediated the actions that women take when their Magna Carta rights will be violated. Women in private organizations as well as those who did not graduate college would choose to file complaints when they feel their rights had been violated.

Table 8. Statistical inference for actions to be taken.

	Demographics	\bar{x}	Sig.	Remark
Type of Organization/Employer	Public	3.22	0.005	Significant
	Private	3.53		
Education	college	3.33	0.000	Significant
	did not finish	3.65		

Range:1.0-1.80 No action made; 1.81-2.60 asked and inquired information within the organization; 2.61-3.40 asked and inquired information outside of the organization; 3.41-4.20 filed complaint to avail the rights or protection; 4.21-5.00 Taken legal action to avail the right or protection.

Statistical comparisons in **Table 9** yielded differences between the sectors ($p = 0.049$), type of organization ($p = 0.009$), and education ($p = 0.001$). Women in health sector ($\bar{x} = 3.67$) were more inclined in filing a complaint when their rights had been violated as compared to women in academe ($\bar{x} = 3.18$) and

minimum-wage earners ($\bar{x} = 3.55$). Private workers and those who did not finish college also filed complaints when their rights had been violated. These demographics mediated their actions in filing a complaint when their rights under Magna Carta were violated.

Table 9. Statistical inference for actions taken.

	Demographics	\bar{x}	Sig.	Remark
Sectors	health	3.67	0.049	Significant
	academe	3.18		
	minimum-wage-earner	3.55		
Type of Organization/Employer	public	3.22	0.009	Significant
	private	3.50		
Education	college	3.31	0.001	Significant
	did not finish	3.60		

Range:1.0-1.80 No action made; 1.81-2.60 asked and inquired information within the organization; 2.61-3.40 asked and inquired information outside of the organization; 3.41-4.20 filed complaint to avail the rights or protection; 4.21-5.00 Taken legal action to avail the right or protection.

9. Discussion

This study was able to determine the actions taken and the actions to be taken by working women when their Magna Carta rights are violated. These findings underscore the relevance of demographic variables and the actions taken by working women when facing violations of their rights.

The variations observed highlight the need for specific strategies in addressing and supporting individuals based on their organizational context, educational background, and sector of employment to ensure effective and responsive mechanisms against potential violence.

Working women noted that they would generally “seek information” from outside the organization when their rights were/will be violated. Essentially, this can be a form of reaction from a potential violence they experience in workplaces.

Applying the TBP, attitudes reflect an individual's positive or negative perceptions of a behavior^[43,44] or alleged violence^[22]. In this study, the decision to take specific actions, such as seeking external information or filing a complaint, can be associated with the attitude component of TPB. For instance, women in certain demographics, like those in academe, might exhibit a more favorable attitude towards seeking external information rather than immediately resorting to filing a complaint when their rights are violated.

Perceived behavioral control encompasses the individual's perception of their ability to perform a behavior and the perceived ease or difficulty in executing that behavior^[35,39,45]. In the context of the actions taken by women facing rights violations, differences in perceived control might exist among various demographics. For instance, women in certain sectors or with specific educational backgrounds might feel more empowered or in control of the situation, hence opting for a particular action they perceive as within their control, such as filing a complaint.

It is not clear why some demographics (e.g., private workers, minimum-wage earners) would choose to seek information outside the organization rather than file a complaint. However, the study suspects that even if workers were aware of their rights, they most likely act passively than complain immediately. Women workers fear that directly filing a complaint could potentially escalate the situation, leading to a more complex and protracted conflict. This fear of exacerbating the problem could drive them to seek information initially, intending to gain clarity on their rights, the situation, and potential resolutions without immediately resorting

to formal actions that could be perceived as confrontational or adversarial.

Consequently, the phenomenon is not new as fear of complaining about potential violence in workplaces is prevalent. Analysis from indicated that socializing behavior of male employees with male administrators causes fear among women in coming out with their complaints^[46]. The author also added that a female employee might be unwilling to file a complaint for fear of losing her job. This behavior might be indicative of a broader societal pattern where individuals, despite being aware of their rights, often exhibit a hesitancy or reluctance to voice their complaints directly through formal channels or authorities. Such ripple effect in gender-based violence has potential effect in developing a sensitive and gender-conducive environment and workplace^[47,48].

The reluctance to file complaints due to fear is an expansive issue deeply entrenched within workplace dynamics and broader societal norms. It underscores the importance of not just having policies safeguarding rights but also fostering a culture where individuals, regardless of demographics, feel empowered and safe to voice their concerns without the fear of retaliation or escalation. Addressing this issue necessitates creating supportive environments within organizations that encourage open communication^[49] provide protection against retaliation^[5], and facilitate effective conflict resolution mechanisms^[50,51].

Promoting women's representation for their rights in workplaces requires establishing a conducive atmosphere that fosters gender equality and empowerment. Administrators should promote and implement policies that support gender equality, including equal pay, maternity and paternity leave, flexible work hours, and anti-discrimination measures. Organizations could develop a secure reporting system and guarantee that complaints are handled in a timely and equitable manner. The findings of this study indicated that one main reason why women were hesitant in complaining was their fear of being judged or losing their jobs. Developing a system that handles workplace concerns could improve work ethics.

10. Conclusión

This study analyzed the self-initiated actions of working women when their rights were violated. The findings indicated that most women would opt on seeking information from outside their organization to clarify the questions they have and understand whether any Magna Carta rights had been violated. The study underscored the relevance of various factors such as demographics, attitudes, perceived control, and societal influences in shaping their responses.

One notable finding was the choice of women to seek external information rather than immediately filing a formal complaint when faced with potential violations. This behavior seems to be rooted in a fear of aggravating the situation by taking direct action, which might be perceived as confrontational or adversarial. Further analysis has to be done to expand the understanding as to why women would choose to seek information first than file a complaint immediately—it could be a natural act only or influenced by other organizational factors like peer pressure, workplace environment, or fear.

This study was only limited on what actions the women will do/has done when their rights have been violated. The study raises concerns about the broader societal patterns contributing to this reluctance to voice complaints directly. This hesitancy to report rights violations has implications not only for individual workplace environments but also for the general social status concerning gender-based violence. Additionally, the results may not represent the population of women at work because of the limited number of participants and locality of the study. Further analysis shall be done covering women of all demographic backgrounds including their race, age, sector, marital status, etc. These variables might also influence the prevalence of violence in workplaces as well as women's willingness to take actions.

Beyond the existence of policies safeguarding rights, fostering a culture of empowerment and safety for all individuals to voice their concerns without fear is crucial. This involves establishing supportive cultures inside organizations that promote open communication, prevent retaliation, and provide appropriate conflict resolution methods.

Conflict of interest

The authors declare no conflict of interest.

References

1. Cruz, A., & Klinger, S. (2016). Gender-based Violence in the World of Work.
2. McKie, L. (2006). Sociological work on violence: gender, theory and research. *Sociological Research Online*, 11(2), 75-83.
3. Newman, C. J., De Vries, D. H., d'Arc Kanakuze, J., & Ngendahimana, G. (2011). Workplace violence and gender discrimination in Rwanda's health workforce: Increasing safety and gender equality. *Human resources for health*, 9(1), 1-13.
4. Solórzano, D. A. N., Gamez, M. R., & Corcho, O. D. (2020). Gender violence on pandemic of COVID-19. *International Journal of Health Sciences*, 4(2), 10-18.
5. Chavez, J. V., Gregorio, A. M. W., Araneta, A. L., & Bihag, C. D. (2023a). Magna carta for women health workers, teachers, and minimum-wage earners in the workplace: Policy awareness and organizational compliance. *Environment and Social Psychology*, 9(1).
6. Valdez, I. K. M., Arevalo, M. V. P. N., Robredo, J. P. G., Gacad, S. L. S., Villaceran, M. A. J., Libang, G. R., ... & Eala, M. A. B. (2022). Violence against women in the Philippines: barriers to seeking support. *The Lancet Regional Health–Western Pacific*, 23.
7. Gregorio, V. D. L. (2020). Special Issue on Gender and Populism in the Philippines. *Review of Women's Studies*, 29(2).
8. Intertilia, A. A. M. (2020). Analyzing Patriarchy, political participation, and active citizenship in ASEAN. *Interstemic: Journal of International Studies*, 5(1), 12-30.
9. Medina, N. A., Medina, G. D. A., Maestrado, C., Maestrado, M., Escarda, R. T., Silva, H. J. P., ... & Trinidad, C. Z. (2015). The culture of patriarchy and its effects on the human rights of girl-children in Cagayan de Oro and Claveria, Misamis Oriental: Implications to policy formulation.
10. Commission on Human Rights (2021). Gender ombud situationer for 2nd and 3rd Quarter: Gendered impact of the pandemic and the need for gendered and intersectional responses. <https://chr.gov.ph/wp-content/uploads/2022/01/CHR-V-No.POL2021-001-3rd-and-4th-Q-Gender-Ombud-Situationer-Gendered-Impact-of-the-Pandemic-and-the-need-for-gendered-and-intersectional-responses.pdf> (accessed 8 December 2023)
11. Sumbas, A., & Koyuncu, B. (2019). Women's empowerment on a local level in Turkey: The case of violence against women. *Turkish Studies*, 20(2), 249-272.
12. LaBore, K., Ahmed, T., Rizwan-ur-Rashid, & Ahmed, R. (2021). Prevalence and predictors of violence against women in Pakistan. *Journal of interpersonal violence*, 36(13-14), NP7246-NP7263.
13. Consignado, G. D., Amparo, J. M. S., & Alampay, E. G. A. (2022). Community-Based Violence Against Women (VAW) Desks in the Philippines: A Multi-Level Assessment. *Pertanika Journal of Social Sciences & Humanities*, 30(2).
14. Hemillan-Sacro, J., Bauyot, B., & Villegas, J. (2022). Gender mainstreaming in basic education of the City of Mati, Southern Mindanao, Philippines. *Davao Research Journal*, 13(1), 30-49.
15. Chernet, A. G., & Cherie, K. T. (2020). Prevalence of intimate partner violence against women and associated factors in Ethiopia. *BMC women's health*, 20(1), 1-7.
16. Muluneh, M. D., Stulz, V., Francis, L., & Agho, K. (2020). Gender based violence against women in sub-Saharan Africa: a systematic review and meta-analysis of cross-sectional studies. *International journal of environmental research and public health*, 17(3), 903.
17. Winstok, Z., & Enosh, G. (2008). Distribution of verbal and physical violence for same and opposite genders among adolescents. *American journal of men's health*, 2(3), 272-280.
18. Alkan, Ö., Serçemeli, C., & Özmen, K. (2022). Verbal and psychological violence against women in Turkey and its determinants. *PLoS one*, 17(10), e0275950.
19. Shohan, M., Noori, G., Mohammadyari, E., Vasigh, A., Kazeminezhad, B., & Tavan, H. (2017). Effects of verbal and physical violence by patient companions on female nurses and their health. *Shiraz E-Medical Journal*, 18(12).
20. Folke, O., & Rickne, J. (2022). Sexual harassment and gender inequality in the labor market. *The Quarterly Journal of Economics*, 137(4), 2163-2212.

21. La Barbera, F., & Ajzen, I. (2020). Control interactions in the theory of planned behavior: Rethinking the role of subjective norm. *Europe's Journal of Psychology*, 16(3), 401.
22. Libre, J. M. M. (2017). Gender and development in Barangay governance, Philippines. *Journal of Public Administration*, 52(1), 150-169.
23. Rayhan, I., & Akter, K. (2021). Prevalence and associated factors of intimate partner violence (IPV) against women in Bangladesh amid COVID-19 pandemic. *Heliyon*, 7(3).
24. Munguía, J. A. T., & Martínez-Zarzoso, I. (2022). Determinants of emotional intimate partner violence against women and girls with children in Mexican households: an ecological framework. *Journal of interpersonal violence*, 37(23-24), NP22704-NP22731.
25. Meng, B., Lee, M. J., Chua, B. L., & Han, H. (2022). An integrated framework of behavioral reasoning theory, theory of planned behavior, moral norm and emotions for fostering hospitality/tourism employees' sustainable behaviors. *International Journal of Contemporary Hospitality Management*, 34(12), 4516-4538.
26. Lin, C. Y., Tseng, Y. H., Lin, M. L., & Hou, W. L. (2021). Factors related to intentions to commit dating violence among Taiwanese university students: application of the extended theory of planned behavior. *International journal of environmental research and public health*, 18(4), 1956.
27. Aksakal, F. N. B., Karaşahin, E. F., Dikmen, A. U., Avci, E., & Özkan, S. (2015). Workplace physical violence, verbal violence, and mobbing experienced by nurses at a university hospital. *Turkish journal of medical sciences*, 45(6), 1360-1368.
28. Wang, P. Y., Fang, P. H., Wu, C. L., Hsu, H. C., & Lin, C. H. (2019). Workplace violence in Asian emergency medical services: a pilot study. *International journal of environmental research and public health*, 16(20), 3936.
29. Catubigan, R. V., Villegas, J. P., & Dupa, H. J. P. IMPACTS OF MAGNA CARTA OF WOMEN IN EMPOWERING WOMEN IN INFORMAL ECONOMY IN DAVAO ORIENTAL, PHILIPPINES.
30. Tarraya, H. O. (2023). Teachers' Workload Policy: Its Impact on Philippine Public School Teachers (Public Policy Analysis and Review). Online Submission.
31. Jomoad, P., Antiquina, M., Cericos, E., Bacus, J., Vallejo, J., Dionio, B., Bazar, J., Cocolan, J., Clarin, A. (2021). Teachers' workload in relation to burnout and work performance. *International Journal of Educational Policy Research and Review*, 8(2), 48-53.
32. Tejero, L. M. S., Leyva, E. W. A., Abad, P. J. B., Montorio, D., & Santos, M. L. (2022). Production, recruitment, and retention of health workers in rural areas in the Philippines. *Acta Medica Philippina*, 56(8).
33. Dodd, W., Kipp, A., Nicholson, B., Lau, L. L., Little, M., Walley, J., & Wei, X. (2021). Governance of community health worker programs in a decentralized health system: a qualitative study in the Philippines. *BMC Health Services Research*, 21(1), 451.
34. Nakamura, K., Siongco, K. L. L., Moncatar, T. R. T., Tejero, L. M. S., De La Vega, S. A. F., Bonito, S. R., ... & Canila, C. C. (2022). In-service training programme for health and social care workers in the Philippines to strengthen interprofessional collaboration in caring for older adults: a mixed-methods study. *Health Research Policy and Systems*, 20(Suppl 1), 111.
35. Bosnjak, M., Ajzen, I., & Schmidt, P. (2020). The theory of planned behavior: Selected recent advances and applications. *Europe's Journal of Psychology*, 16(3), 352.
36. Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In *Action control: From cognition to behavior* (pp. 11-39). Berlin, Heidelberg: Springer Berlin Heidelberg.
37. Ajzen, I. (2020). The theory of planned behavior: Frequently asked questions. *Human Behavior and Emerging Technologies*, 2(4), 314-324.
38. Conner, M., & Armitage, C. J. (1998). Extending the theory of planned behavior: A review and avenues for further research. *Journal of applied social psychology*, 28(15), 1429-1464.
39. Hagger, M. S., Cheung, M. W. L., Ajzen, I., & Hamilton, K. (2022). Perceived behavioral control moderating effects in the theory of planned behavior: A meta-analysis. *Health Psychology*, 41(2), 155.
40. Hosen, M., Ogbeibu, S., Lim, W. M., Ferraris, A., Munim, Z. H., & Chong, Y. L. (2023). Knowledge sharing behavior among academics: Insights from theory of planned behavior, perceived trust and organizational climate. *Journal of Knowledge Management*, 27(6), 1740-1764.
41. Khalid, B., Shahzad, K., Shafi, M. Q., & Paille, P. (2022). Predicting required and voluntary employee green behavior using the theory of planned behavior. *Corporate Social Responsibility and Environmental Management*, 29(5), 1300-1314.
42. Liyew, A. M., Alem, A. Z., & Ayalew, H. G. (2022). Magnitude and factors associated with intimate partner violence against pregnant women in Ethiopia: a multilevel analysis of 2016 Ethiopian demographic and health survey. *BMC public health*, 22(1), 284.
43. Closson, K., Dietrich, J. J., Lachowsky, N. J., Nkala, B., Palmer, A., Cui, Z., ... & Kaida, A. (2018). Sexual self-efficacy and gender: A review of condom use and sexual negotiation among young men and women in Sub-Saharan Africa. *The Journal of Sex Research*, 55(4-5), 522-539.

44. Schaalma, H., Aarø, L. E., Flisher, A. J., Mathews, C., Kaaya, S., Onya, H., ... & Klepp, K. I. (2009). Correlates of intention to use condoms among Sub-Saharan African youth: the applicability of the theory of planned behaviour. *Scandinavian journal of public health*, 37, 87-91.
45. Kurt, E., Küpeli, N. Y., Sönmez, E., Bulut, N. S., & Akvardar, Y. (2018). Domestic violence among women attending to psychiatric outpatient clinic. *Archives of Neuropsychiatry*, 55(1), 22.
46. Aladuwaka, S., Wejnert, B., & Alagan, R. (Eds.). (2022). *Systemic Inequality, Sustainability and COVID-19*. Emerald Publishing Limited.
47. Chavez, J. V., & Cuilan, J. T. (2023). Gender mainstreaming campaign as a casualty of the online gender-based humor: A discourse analysis. *Environment and Social Psychology*, 9(2).
48. Chavez, J. V., Lamorinas, D. D., & Ceneciro, C. C. (2023b). Message patterns of online gender-based humor, discriminatory practices, biases, stereotyping, and disempowering tools through discourse analysis. In *Forum for Linguistic Studies* (Vol. 5, No. 2, p. 1535).
49. Chavez, J., & Lamorinas, D. D. (2023). Reconfiguring assessment practices and strategies in online education during the pandemic. *International Journal of Assessment Tools in Education*, 10(1), 160-174.
50. Chan - Serafin, S., Sanders, K., Wang, L., & Restubog, S. L. D. (2023). The adoption of human resource practices to support employees affected by intimate partner violence: Women representation in leadership matters. *Human Resource Management*, 62(5), 745-764.
51. Chavez, J. V., Libre, J. M., Gregorio, M. W., & Cabral, N. P. (2023c). Human resource profiling for post-pandemic curriculum reconfiguration in higher education. *Journal of Infrastructure, Policy and Development*, 7(2), 1975.
52. Chavez, J., & Lamorinas, D. D. (2023). Reconfiguring assessment practices and strategies in online education during the pandemic. *International Journal of Assessment Tools in Education*, 10(1), 160-174.
53. Chernet, A. G., & Cherie, K. T. (2020). Prevalence of intimate partner violence against women and associated factors in Ethiopia. *BMC women's health*, 20(1), 1-7.