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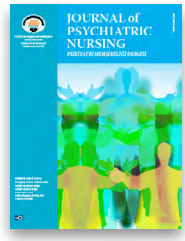

Original Article

# Codependency, gender equality, and sociodemographic variables as predictors of psychological well-being in homemakers

**Hatice Tekin,[1] Gülsüm Ançel[2]**

[1]Hacettepe University Adult Hospital, Ankara, Türkiye
[2]Department of Psychiatric Nursing, Ankara University, Faculty of Nursing, Ankara, Türkiye

## Abstract

**Objectives:** The aim of this study was to examine the gender equality, codependency, and sociodemographic variables as predictors of psychological well-being in homemakers.

**Methods:** This descriptive and correlational study was conducted in three Ladies' Mansions, which gave permission for the study, among 12 Ladies' Mansions located in a central district of Ankara Province. The sample consisted of 263 homemakers who came to these mansions between March and November 2019. The data were collected using the "Personal Information Form," the "Psychological Well-being Scale," the "Gender Equality Scale," and the "Codependency Assessment Tool." Data were analyzed using SPSS 21.0 IBM software. Descriptive analysis methods were used to evaluate sociodemographic data, t-test, Mann–Whitney U test, and Kruskal–Wallis test were used for comparison between groups and Pearson's correlation test was used to examine the correlation between dependent variables, and stepwise regression analysis was applied to understand which independent variables predicted the dependent variable.

**Results:** Only 19.7% of the homemakers had a high level of psychological well-being, 12.9% had a high level of gender equality perception and 21.3% had a low level of codependency characteristic. Gender, codependency, duration of marriage, age, and marital status significantly predicted psychological well-being, whereas other variables did not have a significant effect. All the predictive variables together accounted for 52.0% of the total variance in the total score of the "Psychological Well-being Scale."

**Conclusion:** The psychological well-being of homemakers is affected by gender equality, codependency, marriage duration, and increasing age, so it is closely related to homemaker roles. For this reason, protecting and promoting the mental health of homemakers should be one of the priority issues in the field of community mental health, and the correlation between the sociocultural dimension and the mental health of housewives should be examined more.

**Keywords:** Codependency; gender equality; psychological well-being; woman.

About half of the world's population consists of men and the other half consists of women. The "gender and mental health" report of the World Health Organization (WHO) in 2002 states that sex is a determining risk factor for mental problems and mental illnesses such as depression, eating disorders, and anxiety disorders are more common in women than in men.[1] Similar to the world's population, 50.1% of Türkiye's population are male and 49.9% are female.[2] According to the Mental Health Profile of Türkiye (1998), the rate of having any mental illness is two times greater in women than in men.[3] However, the mental status of homemakers who are not employed among the female population has not been examined. In fact, only 26.3% of women in Türkiye are employed and the remaining cannot be involved in employment due to "taking

**Address for correspondence:** Hatice Tekin, Hacettepe University Adult Hospital, Ankara, Türkiye
**Phone:** +90 312 305 50 00 **E-mail:** haticetekinh@gmail.com **ORCID:** 0000-0002-9693-7193
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care of household chores."[2] According to another study, entitled gender and perception of women in Türkiye (2019), covering 23 provinces, it was determined that 52.3% of women did not work in any income-generating job throughout their lives.[4] These studies mentioned about the concept of "househusband," but reported the rate of househusbands as 0.0%.[2,4] Therefore, the role of "homemaker" is a designated role for women in the society.

Homemaker is derived from the words house and women and is defined as a role based on the acceptance of the home as a safe space for women and as a happy and healthy identity that is sanctified by the society.[5] Homemaker is presented as a prestigious status with the roles of wife, mother, caregiver, and housekeeper. However, as a result of the works she does by taking responsibility for the family and the house, the homemaker cannot have a prestigious status in the society, and she is dependent on her husband's income as she cannot obtain a financial income. The social order which constructs homemaker accepts women's giving birth to a child and thus taking care of their children, and carrying out household chores based on meeting the needs of family members as a division of labor in accordance with the nature and biological structure of women.[6] In this division of labor, homemaker carry out a great number of works such as cleaning, ironing, dishwashing, laundry, cooking, providing care for children, the disabled and the patient, taking care of children's education, arranging relations, hosting guests, and gardening, which include responsibilities for the daily life cycle of their family members.[5-7] Household chores, which are performed in return for a high wage, are carried out by the homemaker free of charge and domestic female labor is carried out as a job that does not generate a revenue.[7,8] According to the time use surveys of the Turkish Statistical Institute for the year 2014–2015, homemaker realize 10 different activities at home and the value of the labor spent in domestic production is 18% of the gross domestic product of the same year.[9] On the other hand, household chores make women invisible in physical, economic, and ideological aspects.[10] Household chores which are considered invisible and devalued by the other family members and the community, make women invisible both at home and in society, thus devaluing them.

Determining how the man's working outside the home, the woman's life limited to the home, and the homemaker seen as worthless in the society due to the sexist understanding reflects on her mental health is important for public health. However, there has been a limited number of studies directly on the mental health of homemakers, and these studies have been conducted in the category of employed and unemployed women, thus making it difficult to obtain information on the mental health of homemakers. In a study conducted in Antalya, it was determined that the roles of homemaker and motherhood had a detrimental effect on mental health.[11] In a study comparing homemakers and employed married women in Konya, it was found that homemakers had anxiety, phobia, paranoid, psychotic, somatization subscale scores, and Global Severity Index scores based on the psychological symptom screening (SCL-90-R) list.[12] In a study, Dökmen (2003) examined the mental health of three groups of women (homemakers, women who were homemakers and working in bazaars, and employed women), found differences between the three groups in terms of mental health and locus of control, and determined that women in women who were homemakers and working in bazaars showed more severe psychopathological symptoms and even though the homemakers were similar to the employed women in some areas, their personal sensitivity and severity of discomfort were high.[13] The results of a study conducted using the General Health Survey with the participation of 220 women who were employed and homemakers indicated that the prevalence of mental disorders was 43.6% in employed women and 50.0% in homemakers, but there was no statistically significant difference between them.[14] Since there is very limited interest directly in homemakers in the literature, this study aimed to obtain data on the mental health of homemakers. For this purpose, the effects of gender, codependency, and sociodemographic characteristics on the psychological well-being of homemakers were investigated.

**What is presently known on this subject?**

- Half of the society is women and a significant part of the female population is homemakers. However, there are very limited studies on the mental health of homemakers in the literature.

**What does this article add to the existing knowledge?**

- This study revealed that only 19.7% of homemakers had a high level of psychological well-being, 12.9% had a high level of perception of gender equality, and 21.3% had a low level of codependency, and gender, codependency, duration of marriage, age, and marital status significantly predicted psychological well-being.

**What are the implications for practice?**

- This study provides data on this subject, which draws attention to the mental health of homemakers and which is not enough. Therefore, it will be guiding in mental health-care professionals to work in this field by raising awareness.

### Psychological Well-being

According to the theoretical framework proposed by Ryff and Keyes (1995) and used in this study, psychological well-being includes environmental mastery, autonomy, personal growth and purpose in life, self-acceptance, and positive relationships with others.[15] Environmental mastery refers to the ability of the individual to manage what is happening around him, to create and choose appropriate options based on individual needs and values; autonomy is one's acting independently in thinking and behaviors; personal growth is described as being open to new experiences, knowing one's own potential, and feeling that development continues. Psychological well-being is provided by believing that life has a meaning in the past and present and having goals to live within the scope of life purpose dimension; one's accepting good and bad qualities about himself and the changes and having positive feelings about the past within the scope of self-acceptance dimension; and human relations, which include sincerity, trust, and love and have strong empathy skills, in the dimension of positive

relations with others.[16] In the context of all these dimensions, the concept of psychological well-being is described as "leading a full and deeply satisfying life."[15]

### Gender Equality

Gender equality means equal allocation and distribution of resources for each sex.[17] Gender equality enables to earn income by participating in working life, to receive education, to access health services, to gain status in society, and to participate in decision mechanisms.[18] Gender inequality is associated with women's mental health.[11,19] Dökmen (2010) emphasizes that women remain under pressure within gender roles, they feel anxious, bored, and unhappy, they cannot tread a type of path freely, they cannot realize themselves, and as a result, psychological and physical disorders develop intensely.[19] Gender inequality also leads to the emergence of mental disorders in women and eating disorders, depression, anxiety disorders, and mood disorders are reported as the most common mental disorders in women.[20-22]

### Codependency

Codependency is a dependency relationship that develops between the "giver" and the "taker" in care.[23] In the literature, the subject of codependency was studied mostly between 1980 and 2000. Codependency is characterized by behaviors such as caring, living focused on the needs of others, low self-esteem, perfectionism, self-concealment, problems in close relationships, inability to say no, and an exaggerated sense of responsibility.[24,25] Codependency is learned in the family during growth; the individual makes self-sacrificing efforts to help others by neglecting himself/herself and hiding his/her own feelings and thoughts; tries to care for others even if it is not necessary, and for these reasons, he/she suffers from low self-esteem and stress-related medical problems that lead to self-harming behaviors.[26] Codependency develops mostly in women due to its care-based nature and images of "altruist," "good mother," and "good woman" are internalized by women living with patriarchal social values during their growth. There is a relationship between codependency and mental illnesses. Codependent individuals suffer from mental health problems such as depression, anxiety and eating disorders, and social performance problems more.[24,26,27]

## Materials and Method

### Type and Design of the Study

This study, which investigates gender equality, codependency, and sociodemographic characteristics as predictors of psychological well-being in homemakers, was descriptive and correlational. The answers were sought to the following questions:

- What is the level of psychological well-being of homemakers?
- What is the level of gender equality among homemakers?
- What is the level of codependency among homemakers?
- Do homemakers' gender equality, codependency, and sociodemographic characteristics predict psychological well-being?

### Location and Time

The study was conducted between 1 March 2019 and 31 October 2019 in three Ladies' Mansions, which gave permission for the study work among 12 Ladies' Mansions located in a central district of Ankara Province.

Ladies' Mansion is run by the municipality and for women only and is open between 08:00 and 16:30 on weekdays. Homemakers are free to come them just to chat with one another and acquire skills such as handicrafts and knitting and take courses on various topics such as child development, religious issues, and Quran reading.

### Population and Sample

The population of the study consisted of homemakers who came to 12 "Ladies' Mansion," which is affiliated to a municipality in Ankara Province. Since it is not necessary to be a member to come to Ladies' Mansion, the number of women in the population could not be determined. For this reason, the sample consisted of homemakers who came to three Ladies' Mansions, which gave permission for the study, within a 8-month period between 1 March 2019 and 31 October 2019, and all homemakers were included in the study without using sample selection. During the study, 263 homemakers were reached, but 14 participants were excluded from the study because they did not meet the inclusion criteria, and the data of 249 (94.67% of the total) homemakers were assessed. Data collection was terminated at the point when the same women were reached while collecting data. Since the population and sample size were not known before data collection, the power analysis could not be performed, and power analysis was performed after data collection was completed. For the effect size, the smaller effect size than the standard effect sizes suggested by Cohen were accepted. The power of the study conducted with 249 individuals at a confidence level of 95% with effect size f2 =0.04 for multiple regression analysis was found to be 88%. The inclusion criteria are as follows:

- Being voluntary to participate in the study,
- Being a woman aged between 18 and 65 years,
- Having at least one marriage experience,
- Having no communication barriers to understand and answer questions

### Data Collection Tools

A Personal Information Form, the Psychological Well-being Scale (PWBS), the Gender Equality Scale (GES), and the Codependency Assessment Tool (CODAT) were used as data collection tools.

### Personal Information Form

There are questions about the age, education, marital sta-

tus, duration of the marriage, number of children, receiving treatment for a psychological illness, whether or not there is someone in need of care at home due to disability/physical and mental illness, and affinity of caregiver if any.

**PWBS**

PWBS was originally developed by Ryff (1989) and has 84 items and 6 subscales.[16] Ryff and Keyes (1995) then created a short 18-item form of the scale with 6 subscales and decided to use by obtaining a correlation between 70 and 89.[15] In this study, its short form, whose Turkish validity and reliability were conducted by İmamoğlu (2004), was used.[28] Cronbach's reliability coefficient of the scale is 0.79.[28] In this study, it was found to be 0.81. It is a 5-point Likert-type scale (completely suitable for me, suitable for me, undecided, not suitable for me, and not suitable for me at all). In the score calculation, positive items are rated as 5, 4, 3, 2, 1, and items indicated with R are reversely scored as 1, 2, 3, 4, and 5. The scale has six subscales; self-acceptance (items 11, 10, R12), personal growth (items R15, 16, 6), purpose in life (items R2, R3, 8), positive relations (items 18, R9, R14), environmental mastery (items 4, 17, R5), and autonomy (item 1, 13, R7). The total score varies between 18 and 90 points and the scale does not have a cutoff point. However, for this study, the level of psychological well-being was determined as three categories; "low" when subtracting the standard deviation from the mean; "high" when it is added; and "moderate" for scores between these two values. Scores of 53 points and below from this scale were determined as a low level of psychological well-being, scores between 54 and 71 points were determined as a moderate level of psychological well-being, and scores of 72 points and above were determined as a high level of psychological well-being.

**GES**

GES was developed by Gözütok et al.,[29] (2017). It has 13 items and 2 subscales; "the understanding that considers male as superior (UtCMS) (items 1, 6, 7, 9, 10, 11, 12, and 13)" and "the understanding that subjects females to males (UtSMF) (items 2, 3, 4, 5 and 8)." This 5-point Likert type (strongly disagree, disagree, partially agree, agree, and strongly agree) scale has no cutoff point and the total score ranges between 13 and 65 points. While a high score in the UtCMS subscale indicates acceptance of male dominance and a high score in the UtSMF subscale indicates that women are dependent on men, a high total score indicates acceptance of gender roles. Cronbach's reliability coefficient of the scale is reported as 0.88 and in this study, it was found to be 97. For the scale with cutoff point, the level of gender equality was determined as three categories; "low" when subtracting the standard deviation from the mean; "high" when it is added; and "moderate" for scores between these two values. Scores of 24 points and below were determined as a low level of gender equality, scores between 25 and 52 points were determined as a moderate level of gender equality, and scores of 53 points and above were determined as a high level of gender equality.

**CODAT**

The scale was developed by Hughes–Hammer et al.,[30] (1998), the Turkish validity and reliability study of CODAT was conducted by Ançel and Kabakçı (2009).[31] The 5-point Likert-type scale consists of 25 items and 5 subscales; other focus /self-neglect (items 1, 2, 3, 5, and 8), self-worth (items 4, 12, 17, 21, 24, and 25), hiding self (items 10, 11, 13, 14, and 18), medical problems (items 6, 7, 9, and 16), and family of origin issues (items 15, 19, 20, 22, and 23). The Cronbach reliability coefficient of the scale is 0.91. In this study, its Cronbach reliability coefficient was found to be 0.93. The total score varies between 25 and 125. For the scale with no cutoff point, codependency level was determined as three categories in this study; "low" when subtracting the standard deviation from the mean; "high" when it is added; and "moderate" for scores between these two values. Scores of 41 points and below were determined as a low level of codependency, scores between 42 and 76 points were determined as a moderate level of codependency, and scores of 77 points and above were determined as a high level of codependency.

**Data Collection Process**

Upon the approval of the ethics committee and the permission of the institution, verbal and written consent of the homemakers using the Ladies' Mansion in accordance with the inclusion criteria was obtained and the scales were applied by the researcher in an environment where each participant would be alone by following the confidentiality principle. The researcher gave a general briefing to the women who were there during the study, and the participants were given time to read, understand, and sign the informed consent form. Data collection forms were filled by the researcher as most women did not want to write and mark in their own handwriting or were illiterate. It took 15–20 min for each participant to complete the form.

**Ethical Considerations**

The ethical approval (numbered 56786525-50.04.04/12522) from the Ethics Committee of Ankara University Rectorate and institutional permission (numbered35885467-774-E.4663) from the Department of Culture and Social Affairs of the relevant Municipality Directorate were obtained for the study. After giving information to the homemakers participating in the study, their verbal and written consents were obtained. This research was conducted in accordance with the principles of the Declaration of Helsinki.

**Data Analysis**

Data were analyzed using SPSS 21.0 IBM software. While the predictive (dependent) variable of the study was psychological well-being, the criterion variables (independent) were gender equality, codependency levels, and sociodemographic characteristics. In statistical analyses, parametric tests were used as the data were normally distributed. Descriptive analysis methods were used to evaluate sociodemographic data.

Pearson's correlation analysis was used to examine the correlation between dependent variables. Stepwise regression analysis was used to determine which independent variables predicted the dependent variable. The statistical significance level in the study was accepted as $p<0.05$.

## Results

The mean age of the homemakers participating in the study was 43.72±13.52, 8.0% were illiterate, 46.7% were secondary school graduates, 30.9% were high school graduates, and 14.4% had undergraduate-associate degrees or postgraduate degrees. About 85.5% of the homemakers were married and 14.5% were divorced/widowed/separated. About 10.8% had a marriage duration of 1 year or less, 13.7% had a marriage duration of 2-5 years, 17.3% had a marriage duration of 6–9 years, and the rate of those with 10 years or more was 58.2%. About 27.3% of the participants stated that they received psychiatric treatment.

According to the data showing the caregiving status of the participants in the family, 80.7% of the homemakers had children, 19.3% had no children. While the rate of those having 1–2 children was 45.8%, the rate of those with 3 or more children was 34.9%. About 13.7% of families had a person in need of care due to a physical illness, 12.0% of the women were caregivers, the rate of having a person in need of care due to a mental illness was 4.8%, and all of the caregivers were homemakers themselves. The total mean score of PWBS was 62.45±9.55. According to the mean scores, 19.3% of the homemakers had a low level of psychological well-being, 61% had a moderate level of psychological well-being and 19.7% had a high level of psychological well-being. When examining the mean scores of the subscales of the scale, it was determined that the participants had a mean score of 10.71±2.29 in the self-acceptance subscale, 10.51±2.57 in the personal growth subscale, 9.33±2.19 in the purpose in life subscale, 11.29±2.6 in positive relations subscale, 9.70±2.31 in environmental mastery subscale, and 10.92±2.34 in autonomy subscale (Table 1).

The GES total mean score of the participants was found to be 38.67±14.42. 15.6% of all participants had a low GES score, 71.5% had a moderate GES score, and 12.9% had a high GES score (Table 2). Their mean scores for the subscales of the scale were 23.24±9.1 and 15.43±5.56 for UtCMS and UtSMF, respectively.

The CODAT total mean score of the participants was determined as 58.98±18.22. According to the mean scores, 21.3% of the homemakers participating in the study had a low level of codependency, 60.6% show a moderate level of codependency, and 18.1% had a high level of codependency (Table 3). When examining the mean scores of the subscales of the scale, it was determined that the participants had a mean score of 12.26±5.07 in the other focus/self-neglect subscale, 11.4±5.27 in the self-worth subscale, 13.76±4.53 in the hiding self subscale, 8.86±3.95 in the medical problems subscale, and 12.71±3.39 in the family of origin issues subscale.

To determine the predictors of psychological well-being, stepwise regression analysis was performed with the independent variables of gender equality, codependency, age, marital status, duration of marriage, and presence of children. This variable was excluded from the model as there was no effect of the presence of children. Whether or not there is a correlation between independent variables was determined by multicollinearity, and the correlation between error terms was checked by autocorrelation. The variance inflation factors (VIF) showing the multicollinearity value should be >10 and the tolerance value should be <0.1, and the Durbin–Watson value showing the autocorrelation value should be between 1.5 and 2.5.[32] The findings showed that there was no multicollinearity problem according to tolerance and VIF values (T>0.1; VIF<10), there was no autocorrelation between independent variables (1.5<DW>2.5), and the regression assumption was met.

Regression analysis to determine the predictors of psychological well-being was found to be significant ($F=54.760$; $p=0.000<0.05$). The total variation in the level of psychological well-being is explained by the variables of codependency, gender equality, marital status, age, and duration of marriage at a rate of 52% ($R2=0.520$). The findings showed that psychological well-being was predicted negatively by codependency, gender equality and duration of marriage, positively by marital status (being married), and age. Codependency

**Table 1. Psychological Well-being Scale scores of the housewives**

| PWBS score | n | % |
|---|---|---|
| Low (<53 points) | 48 | 19.3 |
| Moderate (54–71 points) | 152 | 61.0 |
| High (>72 points) | 49 | 19.7 |

**Table 2. Gender equality scale scores of the homemakers**

| GES Score | N | % |
|---|---|---|
| Low (<24 points) | 39 | 15.6 |
| Moderate (24–52 points) | 178 | 71.5 |
| High (>53 points) | 32 | 12.9 |

**Table 3. Codependency assessment tool scores of the homemakers**

| CODAT Score | n | % |
|---|---|---|
| Low (<41 points) | 53 | 21.3 |
| Moderate (42–76 points) | 151 | 60.6 |
| High (>77 points) | 45 | 18.1 |

**Table 4. Predictors of psychological well-being of the homemakers**

| Independent variable | Unstandardized coefficients | | Standardized Coefficients | t | p | 95% confidence interval | | Tolerance | VIF |
|---|---|---|---|---|---|---|---|---|---|
| | B | SE | ß | | | Alt | Üst | | |
| Constant | 76.786 | 2.614 | | 29.371 | 0.000 | 71.636 | 81.935 | | |
| Codependency | −0.254 | 0.028 | −0.440 | −9.084 | 0.000 | −0.309 | −0.199 | 0.827 | 1.21 |
| Gender Equality | −0.247 | 0.045 | −0.317 | −5.539 | 0.000 | −0.335 | −0.159 | 0.591 | 1.691 |
| Marital Status (Being Married) | 10.458 | 1.522 | 0.328 | 6.874 | 0.000 | 7.461 | 13.456 | 0.851 | 1.176 |
| Age | 0.350 | 0.063 | 0.421 | 5.598 | 0.000 | 0.227 | 0.473 | 0.342 | 2.923 |
| Duration of marriage | −4.134 | 0.764 | −0.386 | −5.409 | 0.000 | −5.639 | −2.628 | 0.379 | 2.638 |

* The dependent variable=Psychological Well-being, R=0.728; Adj.R2=0.520; F=54.760; p=0.000; Durbin Watson value=1.907.

(ß=−0.440), gender equality (ß=−0.317), and duration of marriage (ß=−0.386) decreased psychological well-being; whereas marital status (being married) (ß=0.328) and increasing age increased psychological well-being (ß=0.421) (Table 4).

## Discussion

In the study, it was determined that only 19.7% of the homemakers had a high level of psychological well-being. Considering that psychological well-being requires environmental mastery, autonomy, personal growth and purpose in life, self-acceptance, and positive relationships with others; the psychological well-being of homemakers requires them to have the environment and resources that will enable them to develop in these dimensions.[15,16] However, homemakers live in a space limited to the home environment and within limited resources. As found in this study, the fact that only one out of every five women has a high level of psychological well-being suggests that one out of every five women has these conditions or has internalized the situation they are in even though they do not have these conditions. Therefore, what affects psychological well-being should be determined by studies. In this study, it was determined that psychological well-being was predicted by the perception of gender equality, codependency, being married, duration of marriage, and age variables.

In the study, it was determined that only 12.9% of the homemakers had a high perception of gender equality, and perception of gender equality negatively predicted psychological well-being. As the perception of gender equality increased, psychological well-being decreased. This can be explained by the fact that homemakers adapted to gender roles. This result can be associated with the fact that 46.7% of the participants were secondary school graduates, 85% had a low level of education, and the understanding that considers male as superior and subjects females to males was adopted. This situation shows that inequality is reproduced when the homemaker is both the result of inequality and women accept this inequality. To change this cycle, homemakers should be made aware of gender equality on the one hand, and on the other hand, they should have access to resources for education, revenue, work, and self-development through gender equality. However, the Global Gender Gap Report (2021) clearly reveals that women are disadvantaged compared to men in accessing and using resources.[33] This disadvantaged position reflects the "female labor approach as forced labor," which shows that women are kept ready to meet the needs of a certain group with the role of homemakers.[8] However, through gender equality, it may be possible for homemakers to determine a life purpose for themselves, to develop themselves, to experience environmental mastery and autonomy, and to accept themselves. On the contrary, lack of access to resources causes women to remain in a low status at home and in society and to be dependent on men, thus making it impossible for women to think and act independently, manage their own lives, and influence their environment. Especially being economically dependent on their partners has been determined as one of the factors that negatively affect autonomy, which is an important dimension for women's psychological well-being.[34] According to a study investigating psychological well-being by gender and examining the data of 1700 men and 1700 women, it was determined that adherence to traditional gender roles negatively affected the psychological well-being of both women and men, and individuals with both masculine and feminine self-concepts had better psychological well-being.[35] A study conducted by Kaplan (2016) with the participation of married individuals reported that as the level of egalitarian gender role increased, the level of psychological well-being increased, but as the level of feminine gender role increased, the level of psychological well-being decreased.[36]

In the study, it was determined that only 21.3% of the homemakers had low-level codependency, nearly four out of every five participants (78.7%) had high-moderate spouse-dependence characteristics, therefore, four out of five participants were in a risky position in terms of psychological well-being and as the level of codependency increased, psychological well-being was negatively affected. One of the two studies

conducted in Türkiye on this subject reported that the codependency level of the unemployed women was higher than that of the employed one woman. It was reported in another study that only 14.7% of homemakers showed low codependency characteristics, 68.0% showed moderate codependency characteristics, and 17.3% showed high codependency characteristics, which is compatible with the present study.[37,38] The role of homemakers pushes the woman to the position of being a tool for her family instead of her personal existence, causes the woman to make sacrifices by pushing her own needs, feelings, and thoughts aside and directs her to work "for her family" to be qualified as a "good mother" and "good wife". Homemakers' modes of existence while doing housework, care-based household chores, and characteristics of codependency, which is a problem that occurs mostly in women and nurses in the literature, are quite similar.[23,39,40] All of the homemakers participating in the study undertook the care of someone in need of care due to any physical or mental illness, in addition to home care and child care. The concept of care is actually a comprehensive activity that includes not only taking care of that person but also household chores for that person, such as washing and cooking.[7] The results of a mixed-method study conducted by Development Analytics (2015) for the World Bank and the Republic of Türkiye Ministry of Family and Social Policies showed that care was not an easy task, women's mobility was restricted due to caregiving responsibility, they rarely went out of the house, they did not have enough time to socialize, and thus their quality of life was seriously affected.[18] In addition, leaving the care of the disabled, patient, and elderly to the family, and therefore to the woman, and paying the care fees to her in Türkiye reinforced her traditional caregiver role.[7] However, the burden of care needs to be reduced. According to a study, the burden of elderly care affected unemployed women more and women have to compromise their physical, mental, and social health to fulfill this responsibility.[41] According to the theoretical framework of the concept of codependency, codependent individuals' lives focused on caring for others lead to medical problems related to self-neglect, low self-esteem, and negative coping with stress.[24] In the study, it was determined that 27.3% of homemakers received psychiatric treatment for any mental illness. These findings clearly reveal that living focused on the needs of others affects all dimensions of psychological well-being, such as life, purpose, autonomy, and relationships with others. At this point, first of all, it is of great importance for homemakers to realize their codependency characteristics and inappropriate coping mechanisms and to determine their individual strengths. In order for homemakers to protect their mental health, services including awareness-raising and preventive initiatives should be provided to the entire society as well as homemakers. These services are very important for both homemakers, children, and community health. Because children who grow up in a house where there is a codependent woman learn codependency from their mothers, so codependency is constantly produced in the society.[25]

In the study, only being married, duration of marriage, and age were found to be predictive variables among sociodemographic characteristics. Contrary to being married, an increase in the duration of marriage reduced psychological well-being. This finding suggests that the marriage relationship of the participants, 85.5% of whom were married, should be questioned as well as the duration of marriage. There are different results in studies on the correlation between marriage and psychological well-being in the literature. In a study conducted by Uçar (2018), which included male and female participants, it was determined that there was no significant difference in terms of psychological well-being according to the duration of marriage, and in a study conducted on parents, it was determined that psychological well-being did not differ significantly according to the duration of marriage.[42,43] In a study conducted by Kaplan (2016) with 235 female and 150 male participants, psychological well-being decreased as marital satisfaction levels increased. In another study, it was determined that there was a moderately positive correlation between psychological well-being and marital satisfaction and marital satisfaction predicted psychological well-being.[36,44] In a meta-analysis study, it was found that marital quality was positively correlated with psychological (subjective) well-being and marital satisfaction was positively related to the life satisfaction of women. According to the results of the study, contrary to the duration of marriage, it can be explained by the increase in the level of psychological well-being, the increase in life experiences and the development of coping and problem-solving skills with increasing age, as well as the adoption of being a homemaker and the increase in adaptation to social roles.[45] According to Dökmen (2010), young women experience more stress due to duties such as household chores, domestic roles, marital adjustment, and child care, and this situation negatively affects their mental health.[19] Therefore, when examining the psychological well-being of homemakers, variables related to age and marriage should be taken into account.

### Limitations

The first limitation of the study is that only 3 of the 12 Ladies' Mansions in the relevant municipality gave permission for the study. Second, the findings obtained from the study are limited to the values measured by the scales and the results can be generalized to the region where the study was conducted.

## Conclusion

Protecting and promoting the mental health of women, who account for half of the society, is important for the mental health of the society. In this study, it was determined that the psychological well-being of homemakers was predicted by variables of the perception of gender equality, the characteristics of codependency, the duration of marriage, age, and being married. However, the mental health of homemakers and the related factors need to be investigated further. Even in the

studies on women's mental health, the lack of studies on the mental health of homemakers made us think that homemakers, whose labor is considered worthless in society, are also seen as worthless in the field of research. For this reason, it is required to produce strategies and policies targeting sociocultural change in society for reducing gender inequality and codependency, integrate these strategies and policies into mental health services, and also identify risky groups and thus provide preventive, improving and, when necessary, therapeutic services to increase the psychological well-being of homemakers. In particular, mental health professionals and psychiatric nurses and academics, who are an important element of this team, may plan the preventive, improving and intervening service to be offered to this group and investigate the results of the service, by considering the mental health of homemakers as a priority issue.

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