Social Medicine
Health For All
ISSN: 1557-7112

ORIGINAL RESEARCH

Housewives' Mental Health Literacy and Attitudes Towards Psychological Services: A Türkiye Sample

Alfabetización en salud mental y actitudes hacia los servicios psicológicos de las amas de casa: una muestra de Turquía

Veysel Kaplan. Psychiatric Nursing, Nursing Department, Faculty of Health Sciences, Harran University, Türkiye.
Email: vyslkpln@hotmail.com https://orcid.org/0000-0001-9082-1379
Zozan Duran Aysel. Obstetrics and Gynecology Nursing, Nursing Department, Faculty of Health Sciences, Harran University, Türkiye.
Email: drnzzn@gmail.com, https://orcid.org/0009-0004-7302-4545
Rabia Kaya. Psychiatric Nursing, Nursing Department, Faculty of Health Sciences, Harran University, Türkiye.
Email: r.kurumluoglugil@harran.edu.tr, https://orcid.org/0000-0003-3875-9437
Hakan Çelik. Public Health Nursing, Department of Nursing, Public Health Nursing, Faculty of Health Sciences, Cukurova University, Türkiye.
Email: clkhakann@gmail.com, https://orcid.org/0000-0001-6126-8690
Biksegn Asrat Yirdaw. UK Public Health Rapid Support Team, UK Health Security Agency/London School of Hygiene & Tropical Medicine, London, UK - Centre for Global Mental Health, London School of Hygiene & Tropical Medicine, London, UK.
email: biksegn.yirdaw@lshtm.ac.uk, https://orcid.org/0000-0003-3518-9459

Received: June 3, 2025.
Accepted: August 4, 2025
Conflicts of interest: None.
DOI: https://doi.org/10.71164/socialmedicine.v19i2.2026.2187

Abstract

Objective. This study aims to examine mental health literacy and attitudes toward seeking psychological help among housewives in Türkiye, and to evaluate how these vary across sociodemographic factors. **Methods.** The study conducted a descriptive, cross-sectional design and included 268 housewives. Data were collected using the Mental Health Literacy Scale (MHLS), the Attitudes Toward Seeking Professional Psychological Help–Short Form (ATSPPH-SF), and a sociodemographic questionnaire. Descriptive statistics, t-tests, ANOVA, and Pearson correlation analyses were used to evaluate the data. **Results.** The participants showed moderate levels of mental health literacy and neutral help-seeking attitudes. Higher levels of education, number of children, income, and family relationships significantly increased MHL and help-seeking attitudes. A surprising negative correlation was identified between MHL and help-seeking attitudes ($r = –0.343$, $p < 0.01$), contrary to expectations based on previous research. **Conclusion.** While education, income, and training were associated with higher MHL, these did not consistently predict positive help-seeking attitudes. The negative correlation suggests that increased awareness of mental health issues may coexist with greater stigma sensitivity or hesitance in traditional cultural contexts.

Keywords. mental health literacy, help-seeking attitude, housewives, public health, Türkiye

Resumen

Objetivo. Este estudio busca examinar los niveles de alfabetización en salud mental y las actitudes hacia la búsqueda de ayuda psicológica entre las amas de casa en Turquía, y evaluar cómo difieren estas variables según los factores sociodemográficos. Métodos: El estudio, descriptivo y transversal, incluyó a 268 amas de casa. Los datos se recopilaron mediante la Escala de Alfabetización en Salud Mental (MHLS), la Escala de Actitudes hacia la Búsqueda de Ayuda Psicológica Profesional - Formulario Abreviado (ATSPPH-SF) y un cuestionario sociodemográfico. Se utilizaron estadísticas descriptivas, pruebas t, ANOVA y análisis de correlación de Pearson para evaluar los datos. **Resultados.** Las participantes mostraron niveles moderados de alfabetización en salud mental y actitudes neutrales hacia la búsqueda de ayuda. Los niveles más altos de educación, número de hijos, ingresos y relaciones familiares aumentaron significativamente la MHL y las actitudes de búsqueda de ayuda. Se identificó una sorprendente correlación negativa entre la alfabetización en salud mental y las actitudes de búsqueda de ayuda ($r = -0,343$, $p < 0,01$), contrariamente a lo esperado en investigaciones previas. **Conclusión.** Si bien la educación, los ingresos y la formación se asociaron con una mayor alfabetización en salud mental, estos no predijeron consistentemente actitudes positivas de búsqueda de ayuda. La correlación negativa sugiere que una mayor concienciación sobre los problemas de salud mental puede coexistir con una mayor sensibilidad al estigma o reticencia en contextos culturales tradicionales.

Palabras clave: alfabetización en salud mental, actitud de búsqueda de ayuda, amas de casa, salud pública, Turquía

Introductıon

The promotion of mental health involves considering social, psychological, and genetic determinants as an integrated whole[1]. One of the social determinants in mental health promotion is mental health literacy (MHL), which refers to individuals' ability to recognize, understand, and be aware of appropriate treatment options for mental disorders[2]. The components of MHL include knowledge about how to achieve good mental health, recognition and treatment of mental disorders, encouraging help-seeking behaviors, and reducing stigma related to mental disorders[1]. Considering that one in every eight people worldwide experiences a mental disorder[3], MHL can be seen as a significant factor in the early detection of such commonly occurring mental disorders and the promotion of help-seeking behaviors[2,4,5,6,7].

The reduction of stigma and the improvement of access to psychological services are crucial in the process of mental health promotion[8,9]. Many individuals face difficulties in recognizing specific mental disorders and often hold misconceptions regarding their causes and treatments. This gap can hinder the pursuit of effective help and the acceptance of evidence-based care[10,11]. It has been indicated that individuals with low health literacy are more likely to delay seeking healthcare, even after controlling for certain economic factors, compared to those with adequate health literacy[12]. Individuals' perceptions and attitudes toward psychological services can be determining factors in their behaviors regarding access to mental health services. Positive attitudes can increase the rate of seeking professional help, while negative attitudes such as distrust of mental health services, adverse gender perceptions, stigma, fear, and shame can disrupt this process[13,14]. Gender perception refers to the culturally and socially shaped understanding of how individuals should behave based on their gender. These perceptions often reinforce rigid gender roles and expectations, which may prevent women from independently seeking psychological help[15]. In many societies, because it is socially unacceptable for women to seek healthcare independently, they face barriers in this regard[16]. The literature suggests that women, particularly housewives, exhibit insufficient help-seeking behaviors for mental health services due to cultural norms, lack of knowledge, and fear of stigma[17]. Women who are economically completely dependent on their husbands have minimal autonomy in seeking professional help for themselves, which limits their access to necessary treatment[14].

In Türkiye, access to healthcare services and attitudes towards these services are influenced by gender roles (such as being a housewife, motherhood, etc.)[14,15,16]. In Middle Eastern societies like Türkiye, there is a general tendency to view gender-related expectations towards women as an obstacle to seeking help for mental health issues[14]. To the best of our knowledge, there is no study in the existing literature that addresses housewives' mental health literacy and attitudes towards psychological services in Türkiye. In this context, this study aims to assess housewives' mental health literacy and attitudes towards psychological services in Türkiye. The findings are expected to fill the knowledge gap in this area and contribute to the foundation for future interventions.

METHODS

Purpose and Design of the Study

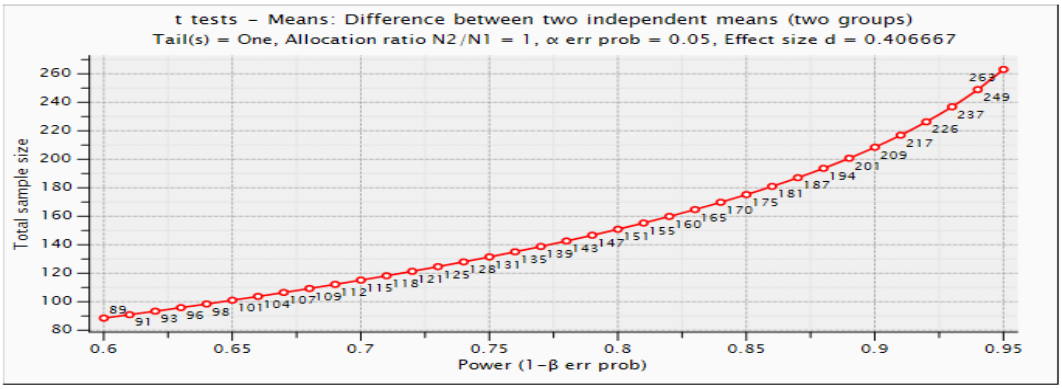
The present study aims to investigate levels of mental health literacy and attitudes toward seeking psychological help among housewives. In addition, it examines which characteristics of housewives influence these dynamics. Accordingly, the study was conducted using a descriptive, cross-sectional, and relational design.

Sample of the Study

This study was conducted with housewives registered in a family health center in a province in the southeastern region of Türkiye. The study sample was determined based on a study[18] in which mental health literacy was assessed in an adult sample. The sample size was estimated based on a comparison of two independent groups (women with high vs. low MHL) regarding their mean scores on the MHLS. A medium effect size of 0.40 (Cohen's d) was expected, with an alpha level of 0.05 and power of 0.80. The calculation was performed using G*Power 3.1. As a result of the G-Power analysis (Figure.1), it was determined that 152 people should be included in the study. However, a total of 268 women who met the inclusion criteria and agreed to participate in the study were included. Data were collected between 01.08.2024 and 01.12.2024.

Figure 1. G-Power Analysis for Sample

Analysis:	A priori; Compute required sample size		
Input:	Tail(s)	=	One
	Effect size d	=	0.40
	α err prob	=	0.05
	Power (1-β err prob)	=	0.80
	Allocation ratio N2/N1	=	1
Output:	Noncentrality parameter δ	=	2.5068619
	Critical t	=	1.6550755
	Df	=	150
	Sample size group 1	=	76
	Sample size group 2	=	76
	Total sample size	=	152
	Actual power	=	0.8025254



Recruitment, Inclusion Criteria and Data Collection

Housewives who came to the family health center for any health problem, a general check-up or a consultation were informed about the study by the family health center nurse, and the purpose of the study was explained. Informed consent was obtained from the women who agreed to participate, and the questionnaire forms were filled out in face-to-face interviews. Each interview lasted approximately 15-20 minutes. The inclusion criteria for the study were;

- being literate (to ensure the ability to read the survey and participant information forms),
- being 18 years of age or older,
- being a housewife (defined culturally as a married woman who is not employed outside the home),
- having no difficulty reading, understanding, or completing the data-collection instruments.

Data Collection Tools

Personal Information Form: This form was developed by the researchers based on the literature and consisted of questions to determine the sociodemographic characteristics of the women and their conditions[5,19,20]. Housewives were categorized into two age groups: 20–35 and 36–55 years. The 20–35 age range typically corresponds to early to mid-adulthood, a period characterized by active reproductive capacity and significant role transitions (e.g., marriage, childbirth, early motherhood), which may affect women's mental health, autonomy, and access to healthcare. In contrast, the 36–55 age group includes late reproductive and perimenopausal stages, during which women often experience hormonal fluctuations, increased caregiving responsibilities, and evolving family roles (e.g., parenting adolescents, caring for aging parents)[21].

Attitude Toward Seeking Professional Psychological Help—Short Form (ATSPPH)

The original 29-item scale developed by Fischer and Farina (1995)[22] was adapted into Turkish, and its 10-item short form was validated by Topkaya (2011)[23]. The scale is rated on a 4-point Likert scale, with total scores ranging from 0 to 30. Higher scores indicate a more positive attitude toward seeking psychological help, whereas lower scores indicate a more negative attitude. The

Cronbach's alpha coefficient for the scale was 0.76, and McDonald's omega coefficient for structural reliability was also 0.76[23].

Mental Health Literacy Scale (MHLS)

The original form of the mental health literacy scale was developed by Jung et al. (2016)[24]. The Turkish validity and reliability of the scale was conducted by Göktaş et al. (2019)[25]. The MHLS consists of 22 items. The first 18 items of the scale are on a 6-point Likert-type scale. The other four items are on a 2-point Likert-type. The total score that can be obtained from the scale ranges from 0-22 (Göktaş et al., 2019)[25]. A high score obtained from the scale indicates a high level of mental health literacy and a low score indicates a negative level of mental health literacy. In the validity and reliability study of the scale, the Cronbach alpha coefficient was calculated as 0.71[25]. The Cronbach alpha value of the scale in this study was found to be 0.575.

Analysis of Data

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 18.0. Descriptive characteristics of the participants were summarized using percentages, means, and standard deviations. Group differences in scale scores were examined using *t*-tests and one-way ANOVA. Pearson correlation analysis was conducted to evaluate the relationship between MHLS and ATSPPH. A *p*-value of $< .05$ was considered statistically significant.

Ethical statement

Before the study, ethical approval was obtained from a university clinical studies ethics committee (Protocol Number: E-76244175-050.04.04-289697). Additionally, the permission documents were obtained from the family health center where data were collected (Protocol Number: E-69376992-000-224953846).

Results

Some socio-demographic and personal characteristics of the housewives participating in the study are presented in Table 1. The research sample consisted predominantly of young and middle-aged women (66%). A significant portion of the participants were high school and university graduates, indicating an educated sample. Most participants had children, with the most common number of children ranging from one to two. The vast majority of participants described their income as "moderate." The rate of those reporting physical or mental illness was low, and similarly, a limited family history of mental illness was also present. The number of participants who had received training or information about mental illness was quite low. However, more than a quarter of participants expressed a need for psychological support. Finally, family relationships were generally evaluated positively by participants.

Tablo 1. Some socio-demographic and personal characteristics of the participants

Characteristics		n (268)	%
Age	20-35	177	66.0
	36-55	91	34.0
Education status	Illiterate	47	17.5
	Primary school	35	13.1
	High school	85	31.7
	University	101	37.7
Number of children	None	29	10.8
	1-2	135	50.4
	3-4	82	30.6
	5 and above	22	8.2
Income status	Low	48	17.9
	Middle	200	74.6
	High	20	7.5
Physical illness	Present	27	10.1
	None	241	89.9
Mental illness	Present	25	9.3
	None	243	90.7
Mental illness in family	Present	27	10.1
	None	241	89.9
Education/training about mental disorders	Yes	30	11.2
	No	238	88.8
Needing psychological support	Yes	74	27.6
	No	194	72.4
Family relationship situation	Bad	21	7.8
	Middle	64	23.9
	Good	183	68.3

Tablo 3. Comparison of Housewives' MHL and ATSPPH mean scores with Their Socio-Demographic Characteristics

Categories		**n (268)**	**MHLS**		**ATSPPH**	
			X̄±SS	**Significance**	***X̄±SS***	**Significance**
Age	20-35	177	31.55±3.12	t= -1,674	18.84±3.35	t= 1.394
	36-55	91	32.24±3.23	p= 0.095	18.20±3.89	0.164
Education status	No formal schooling	47	30.90±2.95[a]	F= 7.726 **p= 0.001** b>a	17.02±3.02[a]	F= 9.301 **p= 0.000** c>a c>b
	Primary school	35	31.84±2.64		17.37±2.98[b]	
	High school	85	31.94±2.82		18.61±3.52	
	University	101	33.48±4.00[b]		19.83±3.58[c]	
Number of children	None	29	31.24±2.92[a]	F=6.352 **p= 0.000** d>a d>b d>c	17.40±3.50	F=1,237 p= 0.297
	1-2	135	31.65±2.98[b]		18.47±3.67	
	3-4	82	31.47±3.34[c]		18.81±3.59	
	5 and above	22	34.50±2.82[d]		19.13±2.94	
Income status	Low	48	31.20±2.72[a]	F=15.146 **p= 0.000** b>a c>b	18.00±3.56	F=1,506 p= 0.224
	Middle	200	33.52±3.62[b]		17.95±3.08	
	High	20	33.55±4.04[c]		18.85±3.58	
Physical illness	Exist	27	30.92±2.58	t= -1.499	19.03±2.56	t= 0.827
	None	241	31.88±3.21	p= 0.135	18.58±3.65	p= 0.413
Mental illness	Exist	25	32.68±2.65	t= 1.475	19.08±2.99	t= 0.663
	None	243	31.69±3.20	p= 0.141	18.58±3.61	p= 0.508
Mental illness in family	Exist	27	31.87±3.20	t=-1.240	18.81±2.57	t= 0.283
	None	241	31.07±2.82	p= 0.216	18.61±3.65	p= 0.777
Education/training about mental disorders	Yes	30	32.08±3.02	t=-4.473	20.40±5.14	t= 2.070
	No	238	29.43±3.38	**p= 0.000**	18.40±3.25	**0.047**
Needing psychological support	Yes	74	32.04±2.71	t= 0.795	19.70±3.65	t= 3.096
	No	194	31.69±3.33	p= 0.427	18.22±3.44	**p= 0.002**
Family relationship situation	Bad	21	31.38±3.27	F=1,127	21.14±3.88[a]	F=6.567
	Middle	64	31.35±2.50	p= 0.326	18.84±3.44[b]	**p= 0.002**
	Good	183	31.98±3.35		18.63±3.55[c]	a>b a>c

As a result of the analysis, participants' Mental Health Literacy Levels (MHLS) were generally found to be at a moderate level. Results from the Attitudes Toward Seeking Psychological Help Scale (ATSPPH) revealed that participants had either ambivalent or moderately positive attitudes toward seeking psychological help (Table 2).

Table 2. Housewives' MHL and ATSPPH mean scores

Scales	**Mean ± SS**	**Min- Max Score**
MHLS	31.79± 3.17	24-41
ATSPPH	18.63± 3.55	9-28

In the comparisons made according to the mental health literacy levels of housewives, statistically significant differences were found in the variables of education level, number of children, income level and receiving education about mental illnesses (Table 3). As a result of the analyses, it was found that the mean mental health literacy score of housewives who were primary school graduates was lower than that of housewives who were university graduates (p=0.001). It was found that the mean mental health literacy score of housewives with five or more children was higher than that of housewives with no children, 1-2 and 3-4 children (p=0.000). It was determined that the mean mental health literacy score of housewives with high income was higher than that of housewives with medium and low income (p=0.000). It was found that the mean mental health literacy score of housewives who received education about mental illnesses was higher than that of those who did not receive this education (p=0.000).

In the comparisons made according to the level of housewives seeking psychological help, statistically significant differences were found in the variables of education level, receiving education about mental illnesses, need for psychological support and family relationship (Table 3). As a result of the analyses, it was found that the mean score of housewives who graduated from university was higher than that of housewives who graduated from primary and secondary school (p=0.000). It was found that the mean score of housewives who received education about mental illnesses was higher than that of those who did not (p=0.047). It was found that the mean score of housewives who needed psychological support was higher than that of those who did not (p=0.002). It was found that the mean score of housewives who had bad family relationships was higher than that of those who had moderate and good family relationships (p=0.002).Pearson correlation coefficient was examined to determine whether there was a significant relationship between housewives' mental health literacy and their levels of seeking psychological help (Table 4). According to the results of the correlation analysis, it was determined that there was a statistically significant and negatively significant relationship between mental health literacy and their levels of seeking psychological help (r=-0.343, p<0.01).

Tablo 4: The Relationship Between Housewives' MHL and ATSPPH

		MHL	ATSPPH
MHL	r	1	-0,343
	p		0,000*
ATSPPH	r	-0,343	1
	p	0,000*	

Dıscussıon

In this study of Turkish housewives, moderate levels of mental health literacy (MHL) and neutral attitudes toward seeking psychological help were found. Notably, there was a statistically significant negative correlation between MHL and help-seeking attitudes ($r \approx -0.34$, $p<0.01$), indicating that women with greater mental health knowledge had less favorable attitudes toward using psychological services. This contrasts with prior literature reporting a positive association[26,27]. One possibility is that increased literacy may heighten awareness of mental health stigma or promote self-reliance, thereby reducing professional help-seeking. Conversely, those with lower MHL might perceive greater need or be less critical of care. Cultural stigma around mental illness may also contribute to this paradox, suggesting that knowledge alone is insufficient and may be shaped by stigma, norms, and beliefs.

Our analysis revealed significant socio-demographic differences in MHL and attitudes. Education is an important determinant. University-educated women had higher MHL and more positive attitudes than those with less education, likely due to better access to information and lower stigma[27,28,29]. Women with five or more children also had higher MHL—possibly from more health system exposure—though family size didn't affect attitudes. This implies that parenting may enhance literacy but not help-seeking. Higher income correlated with greater MHL but not with more positive attitudes. Even financially secure women may still face stigma that offsets their advantage[17,30]. Economic means alone don't ensure a willingness to seek help.

Many of our findings align with recent research on mental health literacy (MHL) and help-seeking, though some offer new insights. Education and socioeconomic status positively affecting MHL is well-supported. Studies show that individuals with higher education and income tend to have better MHL[31]. A Chinese longitudinal study found higher MHL among those with greater socioeconomic status[28], mirroring our results. Education likely enhances MHL by improving access to information and reducing stigma. Lee et al. (2020) also linked higher literacy with more positive attitudes in the U.S., with gender differences noted. Though their sample differed, the pattern supports our observation: educated women show better attitudes. Our finding that income or employment relates to help-seeking is also consistent with Middle Eastern studies. Zalat et al. (2019) reported that Egyptian working women were more likely to seek help than housewives, due to greater autonomy[17]. While all our participants were housewives, those with higher household income may have experienced similar benefits. Still, income alone didn't significantly affect attitudes, paralleling Zalat et al.'s conclusion that economic status is not a standalone predictor once stigma and social support are considered[17]. Thus, financial means help, but cultural acceptance and personal readiness remain key.

Encouragingly, prior mental health training was associated with higher MHL and more favorable attitudes. Even brief interventions such as workshops or counseling can improve both knowledge and openness to services[32]. This supports the implementation of community-based mental health education, especially for women with lower formal education.

Our finding that prior mental health training enhances literacy and attitudes aligns with recent interventions. Programs in schools, workplaces, and communities have shown to increase knowledge and reduce stigma, improving help-seeking attitudes[32]. Almanasef (2021), in a Saudi student sample, found a positive link between MHL and help-seeking, advocating educational efforts[26]. Our study extends this to adult women: those with mental health education scored better in both areas. Similarly, Kılınç and Kendirkıran (2025) reported that Turkish students with higher MHL had more positive attitudes, supporting literacy-focused university initiatives[9]. Knowledge empowers comfort with mental healthcare, especially when it dispels myths. However, since our study showed knowledge didn't always lead to better attitudes, education must address attitudinal barriers too. Doğan et al. (2022) found that higher MHL among Turkish parents correlated with reduced stigma in their environment[27]. They suggested that improving public literacy can lower social stigma and support help-seeking. Overall, educational strategies should not only inform but also challenge stigma—through testimonials or endorsements by respected figures.

Family relationship quality and perceived need for support were strongly related to help-seeking attitudes. Women with poor family support exhibited more positive attitudes toward aid products and services, demonstrating substitution theory—that external support becomes more necessary when family support is lacking. This theory maintains that when one source of social support is insufficient, people tend to turn to other sources of support. Conversely, strong family support may reduce perceived need or promote internal problem-solving. In traditional settings, this could explain why those with "good" family relations were less inclined to seek help. Similar patterns have been reported in Middle Eastern contexts, where family is the primary source of support and professional help is secondary[14].

Family and social support significantly shape help-seeking attitudes, though cultural context matters. Our finding—that poor family relationships correlated with greater help-seeking willingness—adds nuance to the role of support. In collectivist cultures, family opinions heavily influence health behavior. Elshamy et al. (2023) found that in Middle Eastern contexts, stigma or fear of dishonoring the family often deterred women from seeking care[14]. Thus, women with strong family ties may avoid therapy if they fear disapproval or prefer to rely solely on family. Conversely, those in conflicted families may seek external help as a necessary outlet. In contrast, studies like one from China found that strong family support promotes positive help-seeking attitudes[33], especially when support is non-judgmental. Our results suggest that while family support can enable help-seeking, it

can also substitute for it. In Türkiye, women often require spousal approval for healthcare, and prefer privacy in family matters[13,34]. Hence, those with good family ties may see no need for external help, while those with poor support may have more to gain. This aligns with Zalat et al. (2019), who found that reduced stigma and greater support promoted help-seeking[17]. Still, highly involved families might unintentionally discourage professional help by trying to meet emotional needs themselves. Since our study measured attitude, not behavior, it appears that women in troubled family contexts perceived a greater need for external support. This underscores the importance of formal services, particularly for those lacking informal networks.

One of the most striking contrasts with existing literature is our finding of a negative correlation between MHL and help-seeking attitudes. Most recent studies report either a positive or neutral link. For example, Almanasef (2021) found a modest positive correlation ($r \approx 0.26$) between MHL and help-seeking among Saudi students[26]. Similarly, Duran and Ergün (2023) showed that among Turkish healthcare students, higher MHL was associated with better attitudes, suggesting that greater knowledge and lower stigma promote help-seeking[35]. However, some studies, like Gulliver et al. (2019), found no significant relationship between MHL and help-seeking intention[35], arguing that knowledge alone may not suffice unless other barriers are addressed. Our results suggest an even more complex dynamic: in this cultural context, greater awareness may sometimes increase hesitancy. This may reflect the "knowledge-behavior gap," where individuals know what is beneficial but refrain from acting due to social stigma or internal conflict. Among Turkish housewives, gender roles and stigma may mediate this gap. Increased MHL might heighten awareness not only of symptoms but also of negative societal attitudes—such as fear of being labeled or judged. Without sufficient empowerment, this awareness may reduce willingness to seek help. Doğan et al. (2022) found that higher MHL correlated with lower perceived stigma in one's environment[27]. If MHL in our sample failed to reduce such stigma, it could explain the negative correlation. Similarly, Williston et al. (2020) found that female veterans with high MHL only sought help when they perceived a need and experienced low treatment-related stigma[13]. This supports a model in which literacy, stigma, and perceived need interact. In our study, women with both high MHL and supportive conditions likely reported the best attitudes. Others—knowledgeable but constrained by stigma or social norms—may have scored lower. Thus, our findings support the idea that MHL improves attitudes only when coupled with low stigma and high perceived need. Otherwise, literacy may increase awareness of reasons not to seek help—e.g., "I know about depression, but therapy means I'm weak." While speculative, this interpretation aligns with current models and provides a valuable direction for future research.

Another way to contextualize the negative correlation is through the concept of self-reliance. Traditional gender roles in Türkiye and similar societies often valorize women's strength in enduring hardships and prioritize family solutions to personal problems[13,17]. A housewife who has educated herself about mental health might still internalize the belief that seeking professional help indicates personal failure or could bring shame to the family. If literacy is not accompanied by a change in these beliefs, it might not lead to help-seeking and could even entrench a kind of "I should handle this myself" attitude. In contrast, a woman with less knowledge might be more willing to trust healthcare providers if someone else (a doctor or family member) suggests she seek help, simply because she is less aware of the stigma or less confident in self-help. This inversion has been hinted at anecdotally but rarely captured quantitatively. Our study's unique contribution is documenting this inverse relationship in a community sample of women, thereby underscoring the need to integrate cultural and psychosocial variables when applying the mental health literacy framework. It is not enough to assume that boosting knowledge will invariably lead to better attitudes or uptake of services – the social context can fundamentally alter that equation[13,14].

Limitations

While this study provides valuable insights, it is not without limitations. Generalizability of the

study is a concern. Our sample consists of housewives from a single province in southeastern Turkiye who visited a family health center. This group may not be representative of all Turkish housewives. Caution should be exercised in extending these results to more socioeconomically disadvantaged or geographically isolated populations. Cultural factors may also vary by region; western Türkiye is generally more urbanized and socioeconomically developed than the southeast, and housewives there may have different attitudes and opportunities.

Conclusıons and suggestıons

In conclusion, Turkish housewives in this study showed diverse levels of mental health understanding and help-seeking willingness, shaped by education, family, and life experience. The unexpected inverse link between literacy and help-seeking suggests that knowledge alone doesn't ensure action. In addition, mental health literacy and help-seeking perspectives were found to vary according to factors such as education level, family relationships, and number of children. In this context, the following suggestions are considered important; Community-based and culturally sensitive trainings offer a great opportunity to improve women's skills in recognizing mental problems and seeking help. This literacy can be increased by integrating short and accessible trainings into existing public health services, such as at family health centers.

Public health interventions should include not only mental health literacy, but also holistic approaches that reduce stigma and normalize help-seeking.

Informing spouses in particular with family-based mental health trainings can support the help-seeking process. In addition, involving families in the process in primary health care services can help to dispel misconceptions about therapy.

Non-judgmental and economically accessible mental health services that offer women-only spaces should be encouraged. In addition, local solutions such as neighborhood-based counseling units can facilitate access for housewives with limited mobility or childcare responsibilities.

The study emphasizes the importance of mental health screening and referral; women with many children or high stress should be evaluated regularly. Hidden mental problems can be detected with simple questionnaires or short conversations, and women in need can be referred to counseling services. During this process, the use of supportive and motivating language by health workers can increase the willingness to seek help.

References

1. Arslan Ş, Karabey S. Ruh Sağlığı Okuryazarlığı. Turkiye Klinikleri Public Health-Special Topic. 2021;7(1):16-22.
2. Jorm AF, Korten AE, Jacomb PA, Christensen H, Rodgers B, Pollitt P. Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. Med J Aust. 1997;166(4):182–6.
3. WHO. Mental disorders. World Health Organization. 2022. https://www.who.int/news-room/fact-sheets/detail/mental-disorders Accessed 2025 Jan 23.
4. Fonseca A, Gorayeb R, Canavarro MC. Women′s help-seeking behaviours for depressive symptoms during the perinatal period: Socio-demographic and clinical correlates and perceived barriers to seeking professional help. Midwifery. 2015;31(12):1177–85.
5. Lee HY, Hwang J, Ball JG, Lee J, Yu Y, Albright DL. Mental health literacy affects mental health attitude: Is there a gender difference? Am J Health Behav. 2020;44(3):283–91.
6. Huang S, Hu Y, Fu B, Tang G, Chen Z, Zhang L, et al. Help-Seeking Intentions for Depression and Associated Factors among Chinese Perinatal Women: A Cross-Sectional Study. Int J Environ Res Public Health. 2023;20(3):2288.
7. Murray K, Davey J, Dennis M, Harris D, Hayman E, Rieger E. The effect of appearance and functionality concerns on negative body image mental health literacy in women. Body Image. 2024;49:101703.
8. Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. BMC Psychiatry. 2010;10:113.
9. Kılınç ND, Kendirkıran G. Determining the Mental Health Literacy Level of University Students and Examining Their Attitudes Towards Seeking Psychological Help. Int J Ment Health Nurs. 2025;34(1):e13506.
10. Jorm A. Mental health literacy. Br J Psychiatry. 2000;177:396-401.
11. Ganasen K, Parker S, Hugo C, Stein D, Emsley R, Seedat S. Ruh sağlığı okuryazarlığı: gelişmekte olan ülkelere odaklanma. Afr J Psychiatry. 2008;11(1):23-8.
12. Levy H, Janke A. Health Literacy and Access to Care. J Health Commun. 2016;21:43-50.

13. Williston SK, Bramande EA, Vogt DS, Iverson KM, Fox AB. An Examination of the Roles of Mental Health Literacy, Treatment-Seeking Stigma, and Perceived Need for Care in Female Veterans' Service Use. Psychiatr Serv. 2020;71(2):144–50.
14. Elshamy F, Hamadeh A, Billings J, Alyafei A. Mental illness and help-seeking behaviours among Middle Eastern cultures: A systematic review and meta-synthesis of qualitative data. PLoS One. 2023;18(10):e0293525.
15. Baştarcan Ç, Oskay Ü. Toplumsal Cinsiyet Eşitsizliğinin Kadın Sağlığına Etkisi: Sistematik İnceleme. Sağlık ve Toplum. 2022;32(3):48-57.
16. Tekin B. Kadınların Sağlık Hizmetlerine Erişimi: Etkileyici Faktörler ve Bölgesel Farklılıklar. Şura Akademi. 2024;(7 Kadin ve Aile):111-23.
17. Zalat MM, Mortada EM, El Seifi OS. Stigma and Attitude of Mental Health Help-Seeking Among a Sample of Working Versus Non-working Egyptian Women. Community Ment Health J. 2019;55(3):519–26.
18. Karaman ST, Altun Ç, Basat O. Evaluation of Mental Health Literacy Status of Patients Admitted to the Family Medicine Outpatient Clinic. Evaluation. 2022;10(3):241-7.
19. Furnham A, Swami V. Mental health literacy: A review of what it is and why it matters. Int Perspect Psychol. 2018;7(4):240-57.
20. Lopez V, Sanchez K, Killian MO, Eghaneyan BH. Depression screening and education: an examination of mental health literacy and stigma in a sample of Hispanic women. BMC Public Health. 2018;18:1-8.
21. Dain L, Auslander R, Dirnfeld M. The effect of paternal age on assisted reproduction outcome. Fertil Steril. 2011;95(1):1-8.
22. Fischer EH, Farina A. Attitudes toward seeking professional psychological help: A shortened form and considerations for research. J Coll Stud Dev. 1995;36(4):368–73.
23. Topkaya N. Psikolojik Yardım Alma Niyetinin Sosyal Damgalanma, Tedavi Korkusu, Beklenen Yarar, Beklenen Risk ve Tutum Faktörleriyle Modellenmesi. [Unpublished doctoral dissertation]. Ege Üniversitesi, İzmir; 2011.
24. Jung H, von Sternberg K, Davis K. Expanding a measure of mental health literacy: Development and validation of a multicomponent mental health literacy measure. Psychiatry Res. 2016;243:278-86.
25. Göktaş S, Işıklı B, Önsüz MF, Yenilmez Ç, Metintaş S. Ruh sağlığı okuryazarlığı ölçeği'nin (Rsoy Ölçeği) Türkçe geçerlilik ve güvenilirliğinin değerlendirilmesi. Konuralp Med J. 2019;11(3):424-31.
26. Almanasef M. Mental health literacy and help-seeking behaviours among undergraduate pharmacy students in Abha, Saudi Arabia. Risk Manag Healthc Policy. 2021;14:1281-6.
27. Doğan R, Mercan N, Coşkun S. Investigation of the relationship between mental health literacy of adults and attitude towards seeking psychological help and stigma by the immediate environment. Perspect Psychiatr Care. 2022;58(4).
28. Pan J, Xu T, Li D. The Relationship Between Mental Health Literacy and Social Well-Being: A Longitudinal Study in China. Behav Sci. 2024;15(1):29.
29. Pescosolido BA, Boyer CA. Understanding the context and dynamic social processes of mental health treatment. In: Scheid TL, Brown TN, editors. A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems. 2nd ed. Cambridge: Cambridge University Press; 2010. p. 420–38.
30. Nurdiyanto FA, Wodong GMA, Wulandari RM. Analysis on the attitude towards seeking professional psychological help. Unnes J Public Health. 2023;12(1):38-45.
31. Suwanwong C, Jansem A, Intarakamhang U, et al. Modifiable predictors of mental health literacy in the educational context: a systematic review and meta-analysis. BMC Psychol. 2024;12(1):378.
32. Kantaş Yılmaz F, Ünkür P. Determination of mental health literacy, help-seeking Behaviours and psychological distress levels of health science students. J Health Literacy. 2023;7(4):9-20.
33. Chen P, Liu XJ, Wang XQ, Yang BX, Ruan J, Liu Z. Attitude toward seeking professional psychological help among community-dwelling population in China. Front Psychiatry. 2020;11:417.
34. Yılmaz B. Kadınların sosyal vatandaşlığı ve bakım emeğine yönelik tartışmalar. Kadın Araştırmaları Dergisi. 2013;(12).
35. Duran S, Ergün Ş. Correlation between mental health literacy levels and attitudes of seeking psychological help of health services vocational school students: Descriptive cross-sectional research. Yükseköğretim ve Bilim Dergisi. 2023;13(2):272-9.
36. Gulliver A, Farrer L, Bennett K, Griffiths KM. University Staff Mental Health Literacy, Stigma and Their Experience of Students with Mental Health Problems. J Furth High Educ. 2019;43(3):434–42.

Social Medicine
Health For All
ISSN: 1557-7112