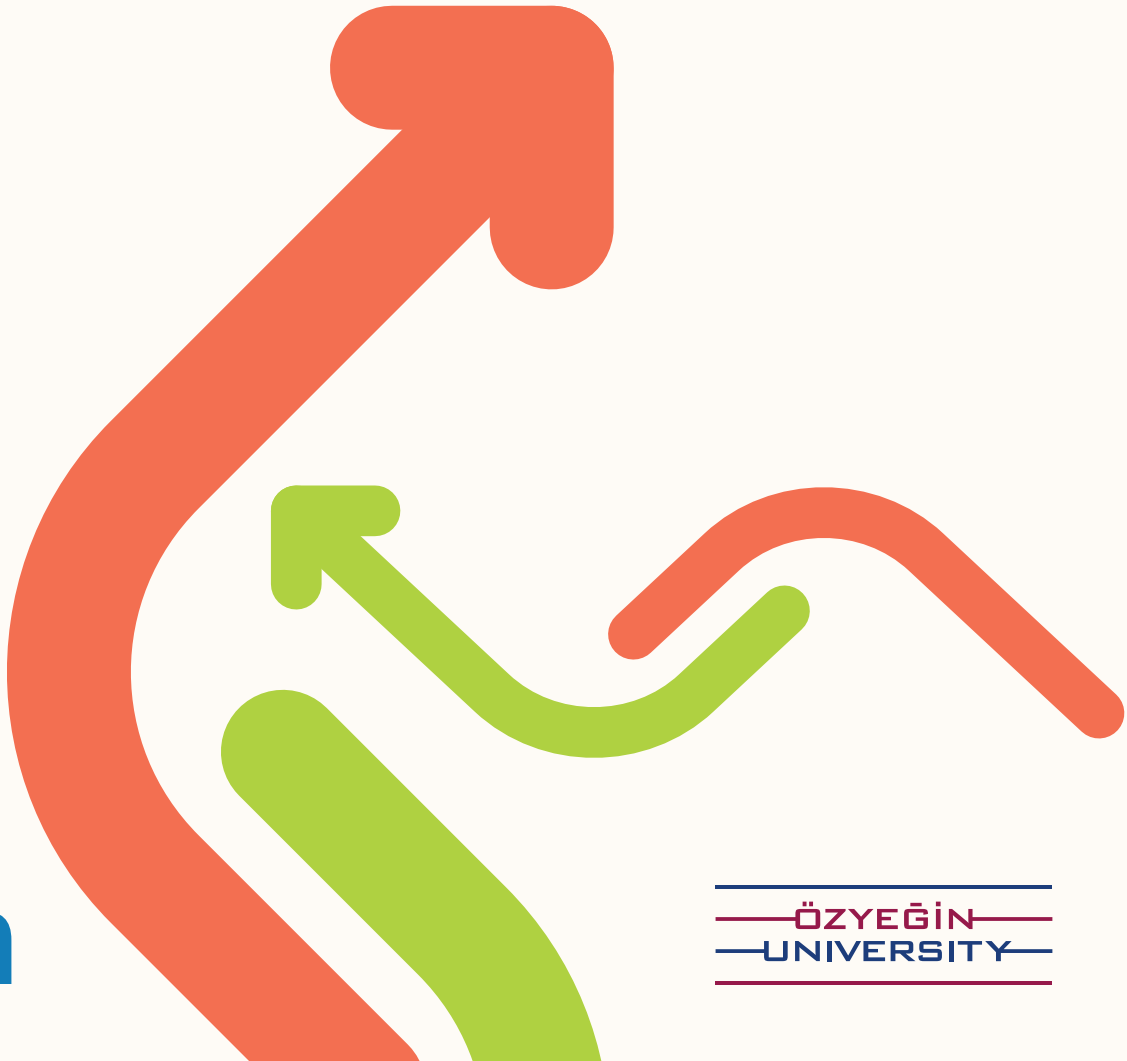
THE EFFECT OF CARE WORK AND MENTAL LOAD ON WHITE COLLAR EMPLOYEES

RESEARCH REPORT



Fiba

ÖZYEĞİN UNIVERSITY

The Effect of Care Work and Mental Load on White Collar Employees Research report

Preamble – Fiba Group

We all have various everyday responsibilities in life. Responsibilities related to home, care and children, in particular, may each seem simple and ordinary but turn into tasks that require great effort and planning when combined. The unfair distribution of the burden of care and daily responsibilities, often undertaken by women due to established gender stereotypes, becomes one of the biggest factors affecting the well-being and professional lives of individuals, starting from homes.

In developed economies, the percentage of women who meet all care needs of their home outside full-time work hours is quite high. On the other hand, girls around the world unfortunately have problems gaining access to education since they are held responsible for care work. Thus, the unfair distribution of care work is not only a matter of gender inequality, but also one of the obstacles to social and economic development.

This research, conducted in a collaborative effort by Fiba Group and Özyeğin University, provides an analysis of the care work and mental load of white-collar employees at home, seeking to reveal the effects of such responsibilities on individuals and institutions, as well as providing individual and institutional suggestions in line with the research findings.

We hope that this report will serve as a guide and raise awareness especially regarding the impact of care work and mental load on professional life, and contribute to the creation of more fair, gender-equal, flexible and inclusive work environments.

We sincerely believe that this research will be expanded in the future to cover the entire business world, thereby fulfilling the need for information in the field and contributing to the production of effective policies for all employee groups.

Ayşecan Özyeğin Oktay
Fiba Group - Vice Chair of the Board

Preface – Özyeğin University

In line with its vision of becoming a “Highly Entrepreneurial Research University with Global Impact,” Özyeğin University’s core values include creating solution-oriented and high value-added knowledge and transforming such knowledge into social benefit. This research, jointly conducted with Fiba Group, provides concrete data by addressing the implications in the business world within a scientific framework and reflects our university’s determination to build a professional life that is sustainable, egalitarian, diverse and inclusive. In addition, specifically for Turkey, we are very pleased to contribute to a field where very limited data is available.

This research, which is a joint effort by Fiba Group and Özyeğin University, is extremely valuable in terms of supporting with data how the issue of care work and mental load is responded to in professional world and how said issue effects the motivation, career opportunities and general well-being of employees. The findings clearly indicate that institutions should approach this issue not only as an individual but also as a corporate responsibility. A better understanding of employees’ experiences regarding care work and mental load will contribute to making professional world more fair, efficient and sustainable. In this regard, Özyeğin University is very proud of the scientific support we provide.

I hope that this report will contribute to the shaping of more egalitarian policies in the professional world and inspire new steps that will trigger transformation.

Prof. Dr. Barış Tan
Özyeğin University Rector

Project Team

Dr. Gözde Çörekçioğlu İshakoğlu - Özyeğin University
Dr. Oğuz Can Ok - Özyeğin University
Aylin Kurt Ganiç – Fiba Holding
Büşra Aydemir – Fiba Holding
Cansu Etli – Fiba Holding

Project Assistants

Iraz Bölükbaşı - Boğaziçi University
Özlem Özmen - Özyeğin University
Ceylin Suda Kırbaç - Özyeğin University

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We would like to thank 86 surveyors and their field supervisors who conducted interviews in 11 cities during the data collection phase of the research. We would like to thank the 2,628 participants of the study for their time and the invaluable information they provided.

We hope that the results will raise awareness about care work and mental load and serve as a resource for everyone.

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Executive Summary

This report analyzes the effects of domestic unpaid care work and mental load on white-collar workers and examines the cost of such responsibilities to individuals and institutions.

Research Scope and Methodology

- The research was conducted by Özyeğin University in two phases. In the first phase, the results of face-to-face interviews with 524 white-collar employees in three major cities were evaluated, while in the second phase, a more comprehensive data set was created with 2,104 face-to-face participants in 11 cities.
- 52% of the participants in the second phase of the study were female and 48% were male, and the majority of the participants were employed in white-collar professional occupational groups. 81.45% of the participants share a house with a partner and 57% have children.

A Close Look at Care Work and Mental Load

- Women undertake over 57% of care work, while men contribute at a percentage of 33%. However, women take on more than 60% of mental load, compared to 35% for men.
- Women's care work increases by approximately 22 percentage points after marriage, while such increase is a mere 4 percentage points for men.
- While marriage significantly increases the mental load on women, there is no change for men. A significant increase of 5 percentage points is observed in men's mental load only after having children.
- It has been confirmed that individuals' perceived and actual care work and mental load differ. The difference between perceived and actual mental load is less in women compared to men. Married men with no children perceive their mental load more than single men with no children. On the contrary, such difference decreases after marriage in women.
- The difference between perceived and actual mental load is less in women compared to men. Married men with no children perceive their mental load more than single men with no children. On the contrary, such difference decreases after marriage in women.
- Increase in total household income results in a similar rate of decrease in perceived care work and mental load for women. For men, on the other hand, a decrease is observed in perceived mental load only after the income rises above a certain level. Actual care work and mental load exhibit a statistically significant decrease only in women.
- While no significant difference was observed between women in managerial and non-managerial positions in terms of care work and mental load, the situation is different for men. Both actual care work and the actual mental load decrease by about 3 percentage points in men who are managers, while the difference between perceived mental load and the actual mental load decline by 4 percentage points.

Effects of Care Work and Mental Load on Professional Life

- 14.53% of married women with children had to reject a promotion offer at least once due to care work and mental load.
- Unfair distribution of care work and mental load causes a feeling of burnout and a low sense of belonging in women.
- 85.26% of the participants stated that rights and attitudes focused on care work and mental load would contribute positively to their workplace preferences and work motivation.
- 76.98% of women stated that policies that raise awareness about care work and mental load in the workplace increase their work motivation.
- The levels of job satisfaction and belonging of women working in institutions that cooperate with their employees on care work and mental load are higher than women working in institutions that do not take steps in such matters.

1. Why #YükOlmasın*: Managing Care Work, Mental Load and Professional Life Together

Care work can be defined as the human labor that people who share the same house must provide in order to maintain their lives in the house. Meeting the physical-emotional needs of individuals (such as patients, elderly, children) and animals in need of special care at the house is also a part of this labor. The total amount of care work that should take place in the household increases with the number of people in the household. The increase in care work will be even greater when children and sick individuals are added into the scenario. Unfortunately, responsibilities to be undertaken in order to meet the need for care work that grows with the number of people in households are not shared proportionally with the number of people in the household.

But who is really carrying out such works?

According to a report published by the International Labor Organization (ILO), 76.2% of unpaid care work in the world is carried out by women.[1] The same report states, based on data collected from 64 countries, that women in these countries perform 16.4 billion hours of unpaid care work every day. This is equivalent to 2 billion people in the world working 8 hours a day without any compensation.

The Turkish Family Structure Survey conducted by the Turkish Statistical Institute (TurkStat) in 2021 reveals that a significant part of the care work responsibilities in households in Turkey are undertaken by women.[2] According to another study by TurkStat, working women spent 5 times more time on care work responsibilities compared to men in 2014.[3] The study revealed that working women spent 3 hours and 31 minutes a day, on average, while working men spent an average of 46 minutes a day on care work.

Mental load is another issue that needs to be discussed along with care work. While certain care works may seem very simple from an external perspective, they may require a huge project management process underneath. Mental load encompasses all the decision-making, planning, implementation tasks, i.e. the entire management process behind visible care actions. Skipping any of the steps within the scope of mental load, which are often invisible, causes a significant disruption in the process.

Similar to care work, many studies exist that focus on the distribution of mental load by gender. For instance, according to a research study conducted by Çakıroğlu Çevik and Con Wright on people working in universities, it was observed that women's mental load was higher in matters related to housework and men's mental load was higher in matters related to home-car maintenance.[4]

[1] International Labour Organization (ILO), Care work and care jobs for the future of decent work, 2018. https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work

[2] Türkiye İstatistik Kurumu (TÜİK), Türkiye Aile Yapısı Araştırması, 2021. https://data.tuik.gov.tr/Bulten/Index?p=Turkiye-Aile-Yapisi-Arastirmasi-2021-45813

[3] Türkiye İstatistik Kurumu (TÜİK), Zaman Kullanım Araştırması, 2014-2015. https://data.tuik.gov.tr/Bulten/Index?p=Zaman-Kullanim-Arastirmasi-2014-2015-18627

[4] Çakıroğlu Çevik, Aylin, ve Gülçin Con Wright. "Hane İçi Karşılıksız Emeğin Zihinsel Yük Boyutu". Fe Dergi 15, sy. 2 (Aralık 2023): 50-83. https://doi.org/10.46655/federgi.1183599.

*#YükOlmasın: The expression #YükOlmasın highlights the importance of equal sharing care work and mental load, which are not frequently fair. Literally translated, it means "not to be a burden," but its deeper social message calls for collective responsibility and empathy.

As research studies clarify, the responsibilities of care work and mental load are often undertaken by women, both globally and locally. However, there is also the fact that research on care work and mental load is limited. In particular, time-use surveys provide important data for us to understand how care work and mental load are shared within households. These studies, which involve people in the participating households recording their work on certain days at certain time intervals, create suitable opportunities to observe the work-sharing within the household. On the other hand, time-use research studies cannot be conducted very often due to high cost and difficulty of implementation. For example, TurkStat's first time-use survey was conducted in 2006, whereas the second research was carried out for the 2014-2015 period.[5] The third time-use survey has not yet been conducted. Therefore, care work and mental load studies conducted by various researchers for different groups fill in critical gaps for us to understand the current situation and to develop policies.

It is not difficult to predict that unfair distribution of work in households in line with gender norms has significant effects on women. For instance, year 2023 labor force statistics reveal that over 9 million people not included in the labor force because of housework are all women. As can be understood from said group, which represents 30% of the population not included in the total workforce and 43%of the female population not included in the workforce, unpaid domestic care work and mental load responsibilities are not an issue that concerns only households. Contrarily, it is an issue that directly concerns employment institutions as it affects the labor market. Nevertheless, institutions today cannot be said to focus on care work and mental load to the desired extent.

The aim of this research is to understand the implications of domestic unpaid care work and mental load on the households of white-collar employees and the cost of these responsibilities to individuals and their institutions. Care work and mental load are inevitably among important agendas for people working in all collar types. Being aware of this reality and for the sake of focusing, our sample group for this study was limited to white-collar workers. Doing so, we aimed to obtain deeper information for said group and to develop policy recommendations for the needs of the subsequently-determined group. We believe that subsequent research studies that would cover all employees will ensure that the need for information in the field is fulfilled and effective policies are created for all employee groups.

This research report consists of four main sections. In the first section, "Methodology, Research Framework and Participant Profile", you can find technical details about the methodology of the research and the basic demographics of the participants. The section, "A Closer Look at Care Work and Mental Load," depicts a general picture of how care work and mental load responsibilities are shared in the households of the research participants. This section provides information on why perceived and actual care work and mental load differences occur, as well as how different demographic groups experience care work and mental load. The section, "Cost of Care Work and Mental Load," examines the effects of the injustice in the distribution of care work and mental load responsibilities, that were revealed in the previous section, on both the individual and the institution where he/she is employed. In addition to the state of psychological well-being, this section also discusses the sense of belonging by individuals to institutions that are cooperative and non-cooperative in terms of care work and mental load. The last section, "How #YükOlmasın?", discusses the steps that people can take both in their own households and for the employees of their institutions, based on the findings previously obtained. Various policy recommendations are put forward to minimize the cost incurred on oneself and in institutions, especially in cases where care work and mental load are unfairly distributed.

[5] Türkiye İstatistik Kurumu (TÜİK), Zaman Kullanım Araştırması, 2014-2015.
https://data.tuik.gov.tr/Bulten/Index?p=Zaman-Kullanim-Arastirmasi-2014-2015-18627

2. Methodology, Research Framework and Participant Profile

This research study was conducted in order to understand the roles of white-collar workers in the context of care work and mental load within the household and the impact of such roles on employees' work-life balance. The research was designed by Özyeğin University in two phases and carried out by Frekans Research on various dates in the form of face-to-face interviews.

The **first phase**, designed as the pilot phase of the research, was carried out between *November 13 and December 4, 2024,* in Istanbul, Ankara and Izmir. A total of 524 face-to-face interviews were made in this phase, involving white-collar employees ranging from age 25 to 65. In addition, both female and male partners were interviewed in 50 individual households. The data obtained in this phase were analyzed and the set of questions for the second phase was revised.

The **second phase** interviews were held face-to-face in 11 different cities (Istanbul, Ankara, Izmir, Adana, Antalya, Erzurum, Gaziantep, Kayseri, Samsun, Trabzon and Van) *between December 10, 2024 and January 12, 2025*. A more representative data set was obtained thanks to this broad scope, with much more diverse employee profiles from different provinces. This phase also included interviews with both female and male partners in 106 individual households.

Since no data exists on the official distribution of white-collar employees in Turkey, care was taken in the sample selection process to ensure diversity by reaching employees from different sectors and provinces. In this context, it was aimed to represent companies and provinces of various sizes in the industrial (manufacturing, energy, construction, etc.) and service sectors (trade, transportation, tourism, banking, health, education, etc.); stratified sampling approach[6] was adopted in sample selection. In addition, factors such as ease of access and accessibility were taken into consideration. Purposive sampling[7] methods were also used in the process. It was thereby aimed to create a data set as large and balanced as possible regarding the white-collar employee profile in Turkey.

a. Basic Demographics

Table 1 summarizes the basic demographic details of the research participants for both phases, such as gender, age, marital status, children, education level and total household income. The average age for the research was determined as 39 for the first phase and 38 for the second phase. It was observed in the second phase, in addition to the basic demographic details, that 81.45% of the participants shared the house with a partner.

The interviews conducted during the first phase aimed to test the survey design. Based on the findings, a more advanced set of questions was prepared for the second phase. The second-phase data with a larger sample were used in this report, unless stated otherwise.

[6] It is a sampling method based on dividing the population (or target audience/group population) into subgroups (strata) according to certain characteristics (e.g., sector, company size, province, etc.) and taking a proportional or determined number of participants from each stratum. This aims to represent each subgroup in the research and sample error can be minimized.

[7] It is a sampling technique in which participants with the qualifications or experience to provide data suitable for the purpose of the research are selected. In this method, participants are selected in line with specifically-determined criteria in a way that will contribute the most to the research questions. This aims to collect in-depth data from a limited sample.

Table 1: **Basic Demographics**

Gender	Phase 1 Research (Percentage)	# of Observations (N)	Phase 2 Research (Percentage)	# of Observations (N)
Female	52.10%	251	52.57%	1106
Male	47.90%	273	47.43%	998
Age	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
25-34	37.98%	199	42.06%	885
35-44	35.88%	188	32.84%	691
45-54	16.60%	87	17.82%	375
Older than 55	9.54%	50	7.27%	153
Marital Status	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
Married	69.66%	365	71.30%	542
Not Married	27.48%	144	25.80%	1498
Divorced	2.67%	14	2.38%	50
Widow	0.19%	1	0.52%	11
Children	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
With children	55.92%	293	56.99%	1198
Without children	44.08%	231	43.01%	904
Education Level	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
High School	26.91%	141	19.00%	399
Foundation Degree	8.59%	45	13.33%	322
Undergraduate Degree	61.64%	323	60.76%	1276
Graduate Degree	2.86%	15	4.90%	103
Household Income	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
17,002 - 35,000	6.17%	24	5.69%	85
35,001 - 75,000	60.16%	234	49.03%	733
75,001 - 150,000	32.90%	128	42.41%	634
150,001 and Above	0.77%	3	2.88%	43

b. Demographics Related to Professional Life

Table 2 summarizes the professional-life-related basic demographics of the participants for both phases, such as occupational groups, managerial status and levels, the size of the company they work for, remote working, etc. As part of the second phase, in addition to demographic information related to working life, it was observed that 98.53% of participants were employed full-time, the average total work experience was 12.5 years, the average tenure in their current job was 9 years, and 25% of participants reported that their current job was their first job.

Table 2: Basic Demographics on Professional Life

Occupational Groups	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
Professionals - Experts	46.37%	243	54.04%	1138
Managers	15.27%	80	14.77%	331
Office Service Employees	21.56%	113	24.03%	506
Operators, Technicians and Assistant Professionals	6.10%	32	6.79%	159
Other	10.69%	56	0.38%	8
Is the Person in a Managerial Position?	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
Yes	36.65%	192	29.83%	627
No	63.35%	332	70.17%	1475
Managerial Level	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
Entry	13.54%	26	14.04%	88
Middle	65.10%	125	68.10%	427
High	21.36%	41	17.86%	112
Size of Most Recent Company	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
Small (2-50 employees)	81.30%	426	31.75%	668
Medium (51-250 employees)	14.31%	75	37.50%	789
Large (more than 251 employees)	4.39%	23	30.75%	647
Gender of Individuals' Managers	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
Female	19.12%	100	19.22%	1648
Male	75.14%	393	80.78%	392
Self-Employed	5.74%	30	0%	0
Work at Home	**Phase 1 Research (Percentage)**	**# of Observations (N)**	**Phase 2 Research (Percentage)**	**# of Observations (N)**
Hybrid-Remote Workers	11.56%	60	8.47%	178
Office Employees	88.44%	459	91.53%	1924

c. Profiles of Participants in Managerial Positions

In addition to the demographic information about professional life, Table 3 provides detailed information about the second phase research participants in managerial positions.

Table 3: Demographics of Participants in Managerial Positions

Gender	Phase 2 Research (Percent)	# of Observations (N)
Famale	41.31%	259
Male	58.69%	368
Marital Status	**Phase 2 Research (Percent)**	**# of Observations (N)**
EMarried	74.92%	469
Not Married	22.04%	138
Divorced	2.72%	17
Widow	0.32%	2
Education Level	**Phase 2 Research (Percent)**	**# of Observations (N)**
High School	15.95%	100
Foundation Degree	18.34%	115
Undergraduate Degree	61.08%	383
Graduate Degree	4.63%	29
Children	**Phase 2 Research (Percent)**	**# of Observations (N)**
With children	65.87%	413
Without children	34.13%	214

3. A Close Look at Care Work and Mental Load

Within the scope of the research, participants were asked what percentage of the care work and mental load they undertook at home. The aim was to measure perceived care work and mental load in households. Participants were then shown lists of care work and mental load, which can be seen in Appendix 1. They were asked who carried out each of these tasks in the house. While the participant, his/her spouse/partner and others in the household were included in both lists, professional support was only in the care work list. The aim was to identify the workload in households more objectively.

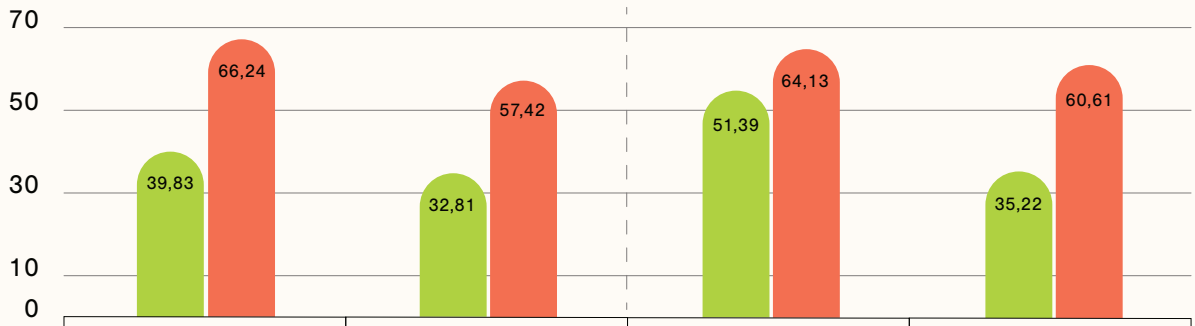
A score was determined for each task based on the frequency of the work performed in the household (daily, weekly, monthly, yearly). At first step, the total care work and mental load needs of the household were determined based on the total score of the tasks performed in the household. Then, the relevant scores were distributed based on the number of people for whom the tasks were performed, and the care work and mental load score was calculated for each person. Based on the scores obtained, this chapter provides an overall picture of how care work and mental load are distributed across households by gender.

a. An Overview of Perceived Care Work and Mental Load

Figure 1 exhibits the distribution of care work and mental load by gender based on the interviews. As seen in the graph, **both perceived and actual care work and mental load scores are higher in women, compared to men.** Care work perceived by women is approximately 25 percentage points higher than that perceived by men. Mental load perceived by women, on the other hand, is approximately 15 percentage points higher than that of men. According to the additional statistical analyses, details of which can be seen in Appendix 2, perceived care work increases with age and such increase is a little higher in women. Similarly, perceived mental load also increases with age, and such increase is slightly higher in women.

While the average for women in both perceived and actual levels does not fall below 55% in care work and mental load, only the average perception of mental load increases above 50% for men. In other words, **women both perceive and actually undertake much more than half of the care work and mental load in their households. Men, on the other hand, assume nearly one third of the work in their households, especially in terms of care work.**

Figure 1: Care Work and Mental Load by Gender (Perceived and Actual) (%)



	Care Work-Perceived	Care Work-Actual	Mental Load Perceived	Mental Load Actual
Men	%39,83	%32,81	%51,39	%35,22
Women	%66,24	%57,42	%64,13	%60,61

It is also important to examine the differences in perceived and actual care work and mental load scores. It should be noted here that differences in care work and mental load are likely to be based on two separate causes. In particular, a significant part of the work evaluated as mental load is unseen, often unnoticed even by the person who does it. Therefore, the total mental load in a household is more difficult to detect. People who get fewer mental load scores than they perceive may be objectively seeing the total of all jobs in the household and failing to perceive how much of this total they undertake. Thus, they estimate their own mental load higher than it actually is.

The difference in perceived and actual care work, on the other hand, can be interpreted slightly differently. Due to the fact that care work generally consists of activities that are physical and visible, it is easier for people to perceive the total amount of care work in their households than the mental load. In fact, since the work performed requires physical effort, people may perceive the care work they perform more. In addition, when it comes to care work, if the individual does not have an awareness of the difference between care work and mental load, the mental load required to perform care work becomes one of the factors affecting the perception score of care work.

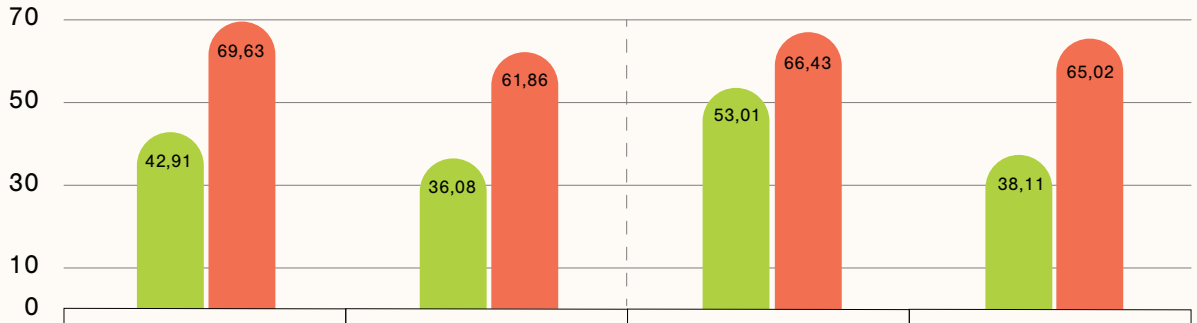
The perceived and actual care work and mental load scores of the people presented in Figure 2 can be interpreted in the light of the above information. It can be suggested that there is a big difference between perceived and actual, especially in terms of men's mental load. This may be related to the inaccurate observation of the total mental load volume in households in conjunction with mental load awareness. It can be suggested that the difference is smaller for women with regard to mental load. However, although the difference in perceived and actual care work is slightly higher for women, it occurs at similar rates for women and men.

Figure 2: Difference in Perceived and Actual Care Work and Mental Load (Percentage Points)

Within the overall sample, in scenarios where participants' partners were not engaged in a professional job, it is likely that the division of labor within the household was undertaken by the partner who was not professionally employed. Therefore, we limited our participant group to the scenario in which both partners in the household worked and repeated some of our analyzes, especially to observe the effects of care work and mental load on white-collar employees. The average scores according to such limitation are presented in Figure 3. In the case where both partners in the household work (N: 1368), women are again in the position of undertaking most of the care work and mental load in their households, both perceived and actual. As a matter of fact, this time the lower limit for women rises above 60%. Average figures suggest that women undertake two thirds of the work in their households in both the perceived care work and mental load scores.

When both partners in the household are working, men cannot approach 50% in care work and mental load scores in their households, except for the perceived mental load score. This finding highlights that unfair distribution of work, which occurs especially when the female partner is not employed in a professional job, is also the case when both partners are employed. Thus, it is once again revealed that the distribution of care work and mental load within the household is a matter of gender inequality, as frequently pointed out in the literature. Especially in cases where both partners work, we can see that the actual care work and mental load score increased by 4.44 percentage points and 4.41 percentage points, respectively, compared to the general sample for women. The least increase is in the mental load perception of men, with 1.62 percentage points.

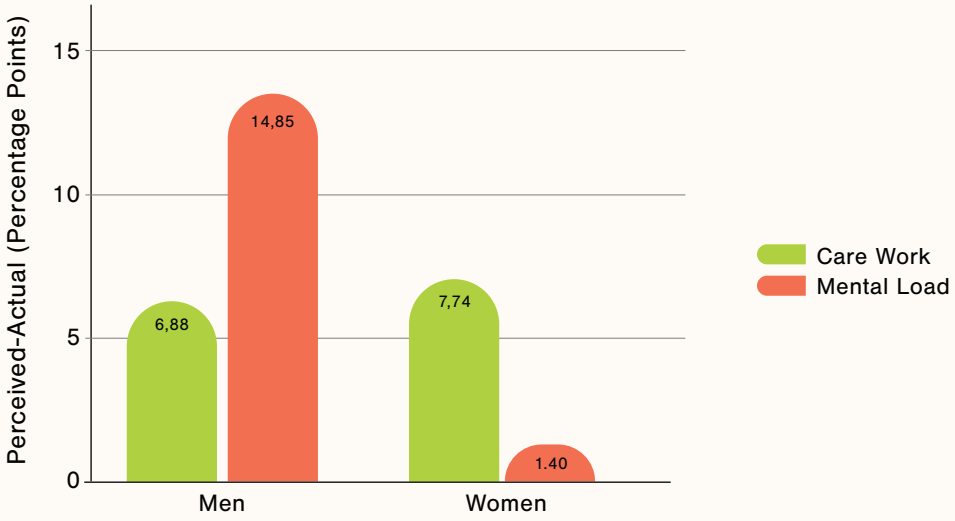
Figure 3: Care Work and Mental Load by Gender (Perceived and Actual) - In Dual-Earner Households



	Care Work-Perceived	Care Work-Actual	Mental Load Perceived	Mental Load Actual
Men	%42,91	%36,08	%53,01	%38,11
Women	%69,63	%61,86	%66,43	%65,02

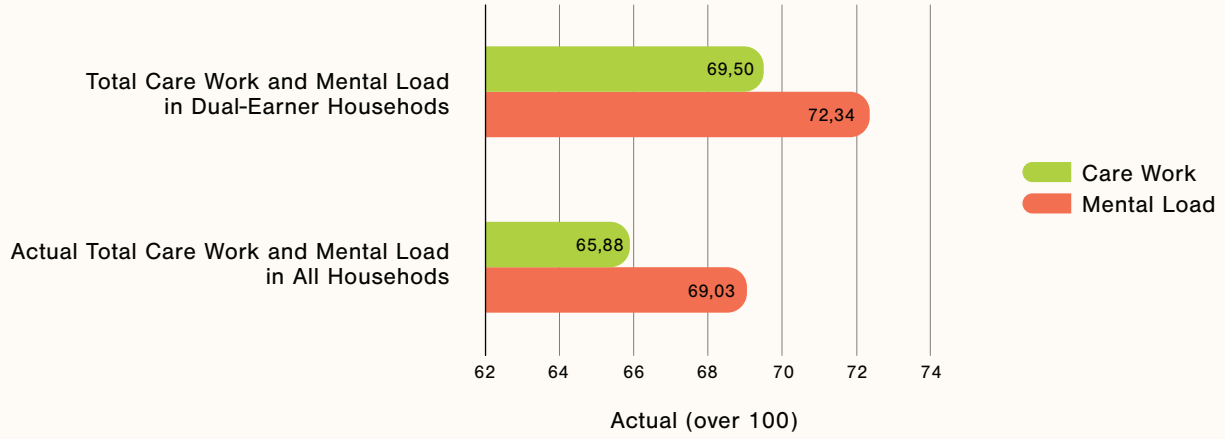
Figure 4 portrays the difference between perceived and actual care work and mental load by gender in dual-earner households. It can be pointed out that the difference in these households decreased for everyone, for both care work and mental load. However, while the difference between perceived and actual mental load is high for men, this gap is nearly closed for women.

Figure 4: Difference in Perceived and Actual Care Work and Mental Load in Dual-Earner Households (Percentage Points)



The final matter of comparison in this section is the total care work and mental load scores in households. The changing structures of households also change the number of tasks carried out in the households. For example, in households with children, many new care efforts and mental loads emerge with the child. Therefore, the total care work and mental load scores by all members in the households are shown in Figure 5. Total average care score in all households was 65.88, while the mental load score was 69.03. As outlined above, scenarios in which both partners work generate new dynamics of their own. At this point, total average care workload in households where both partners were actively working in a professional job was 69.5, while the mental load was 72.34. Building on this, every 1 percentage point increase in care work and mental load scores in dual-earner households contains a greater amount of labor and burden than the increase in other households. The analyses in the following sections were conducted based on the second phase research and including all households, unless otherwise stated. However, when examining these analyses, it can be assumed that the differences are even higher in the scenarios in which both partners work in professional jobs.

Figure 5: Total Care Work and Mental Load in Households



b. Taking a Closer Look at Care Work and Mental Load

As part of the #YükOlmasın project, we prepared a series of questions to identify the care work and mental load in households and their distribution among partners. We expanded this set of questions based on global literature, also benefiting from TurkStat's household care work and mental load distribution data. The complete questionnaire consisting of 20 care work and 20 mental load questions can be accessed at yukolmasin.com.tr. In the first phase research, we tried to understand the effectiveness of the question set by directing them to the participants in order to determine care effort and mental load. Based on the first phase data, we combined similar items and came up with the adjusted set of questions consisting of 19 questions for care work and 16 questions for mental load, which we used in our second phase research. Each task was assigned a base score according to its frequency of performance, and then the total amount of actual care work and mental workload was calculated for each household.

Average care work and mental load scores in households are presented in Figure 6 and Figure 7. **When we look at Figure 6, which shows the actual care work, we see that women assume 50% or more responsibility in most of the average care work items. While the biggest difference between genders was observed in laundry tasks, the gap was minimized in grocery shopping. Among maintenance tasks, there were only 4 items where men took more responsibility than women; these were trash disposal, payment of bills and taxes, car maintenance, simple repair jobs.** The fact that the frequency of these jobs is low compared to daily tasks, such as cooking, laundry or house cleaning, indicates that the unfair distribution of work is in reality an even deeper problem.

The way people share work with other people at home (e.g., with their children) also varies depending on the type of work. Pet care, for instance, exhibits a relatively more close distribution among partners than other types of work, while others in the household are most involved in pet care responsibility. In addition, we can see that the responsibility undertaken by other people in the household for cooking, house cleaning, dishwashing, daily tidying of the house and laundry is higher than that assumed by men.

Figure 6: Distribution of Actual Care Work in Households (%)

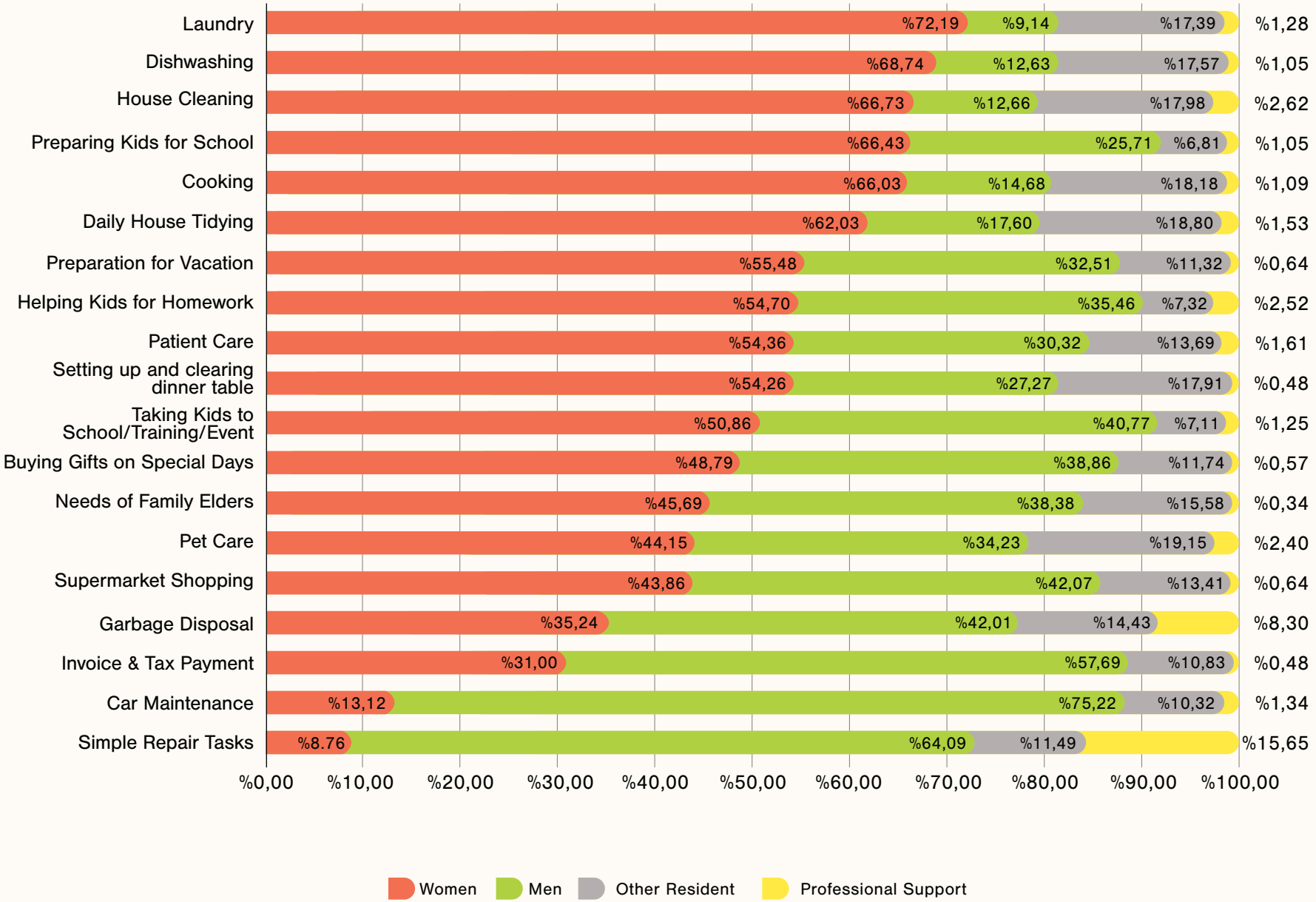
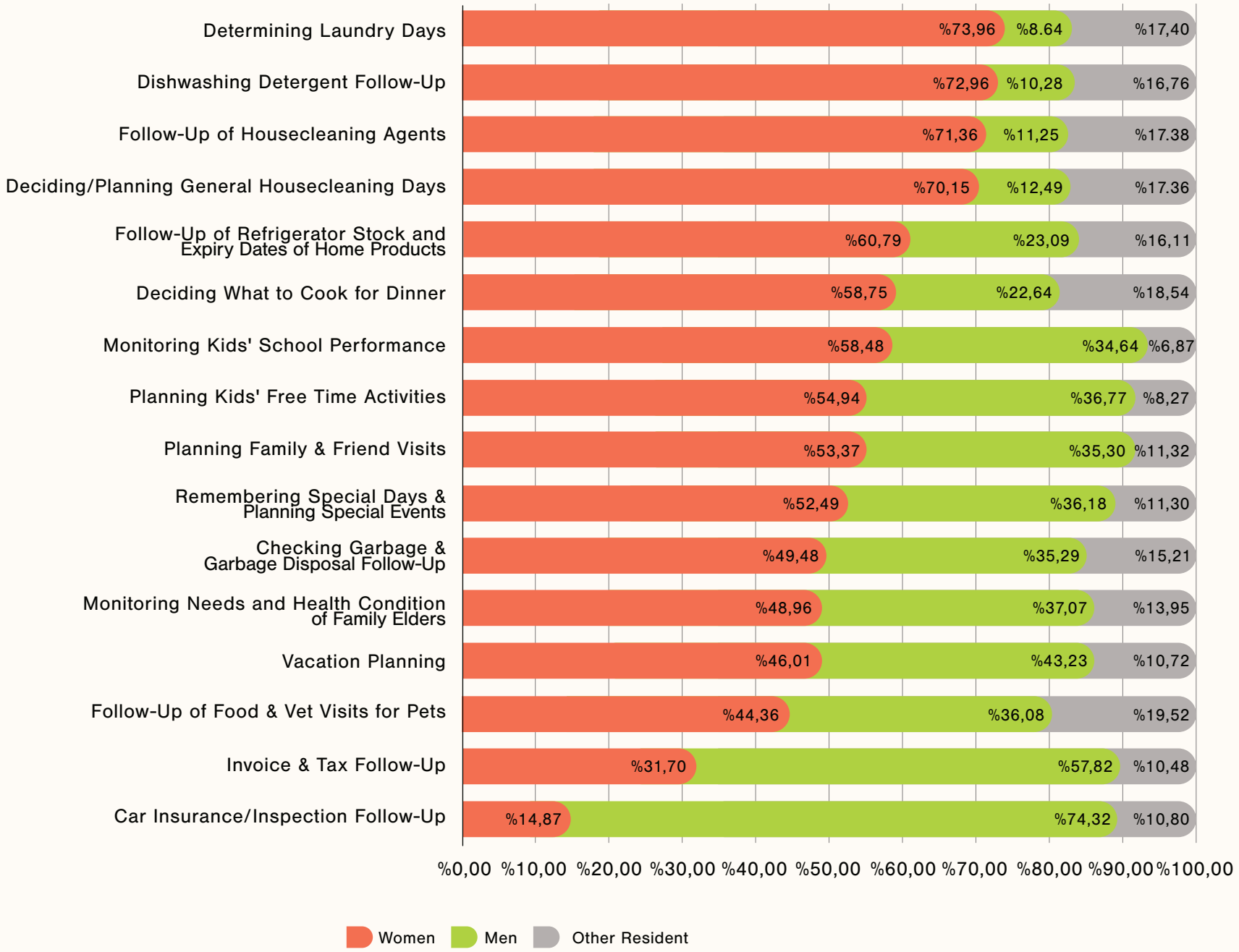


Figure 7 clearly exhibits the similarity between realized mental load scores and actual care work scores. Due to the limited nature of professional services for the sharing of mental load, professional services were not shown to the participants as an option in this section. **Again, women undertake most of the work items that require mental load in households, while men have a higher mental load score in only two subjects. These subjects appear to be invoice and tax follow-up and car insurance-inspection follow-up.** Similar to actual care work scores, mental load scores of other people at the household are observed to be higher than those of men in the tasks where women take on the highest responsibility.

The one task which both genders scored the closest in mental load distribution appeared to be holiday planning. Again, similar to care work, the tasks that women mostly undertake are often ones of daily or weekly nature, such as determining the laundry day, following up the dishwashing detergent stock and following up the materials needed for home cleaning, while the tasks that men often undertake the mental load are the follow-up of monthly or annual invoices and taxes, and car insurance/inspection follow-up.

Tasks within the scope of mental load were mostly those that acted as a preliminary step for and are key to the realization of care work tasks. However, some tasks within the scope of mental workload require real-time tracking; otherwise, they may disrupt the entire household order—such as monitoring supplies. The remaining tasks are ones that are routine and predictable, such as follow-up of invoice and tax payments. We can assert, based on Figure 7, that such tasks that do not require instant follow-up are performed mostly by men, while women carry out mental load tasks that require instant follow-up and have more complex relationships with care work tasks.

Figure 7: Distribution of Actual Mental Load in Households (%)



c. Factors Affecting Care Work and Mental Load

Various factors such as the individuals' education levels and whether there are children in the household can affect the care work and mental load perceived and realized by people. This section focuses on the changes in care work and mental load scores as a result of factors such as the education level of the interviewee, the total income of the household, and parenthood status.

The education-level-based scores of all research participants (i.e., the percentage of care work and mental load they undertake in the household), regardless of gender, indicate differences between individuals' perceptions of care work and mental load and their actual scores. The root causes of this situation may be the misperception experienced due to the invisibility of many work items, as is the case in mental load, or the fact that the excessiveness of the physical work performed becoming a mental challenge itself, as is the case in care work. There are also cases where the gap between perceived and actual is closed. For example, Figure 8 and Figure 9 demonstrates the perceived and actual care work and mental load scores by interviewees' education level. Perceived care work and mental load scores and actual care work and mental load scores approach each other as the education level increases. In both cases, the observed difference of 10 percentage points and above for the high school level declines toward the 6 percentage point band for the graduate level.

Figure 8: Average Mental Load by Education Level (Perceived/Actual Load) (%)

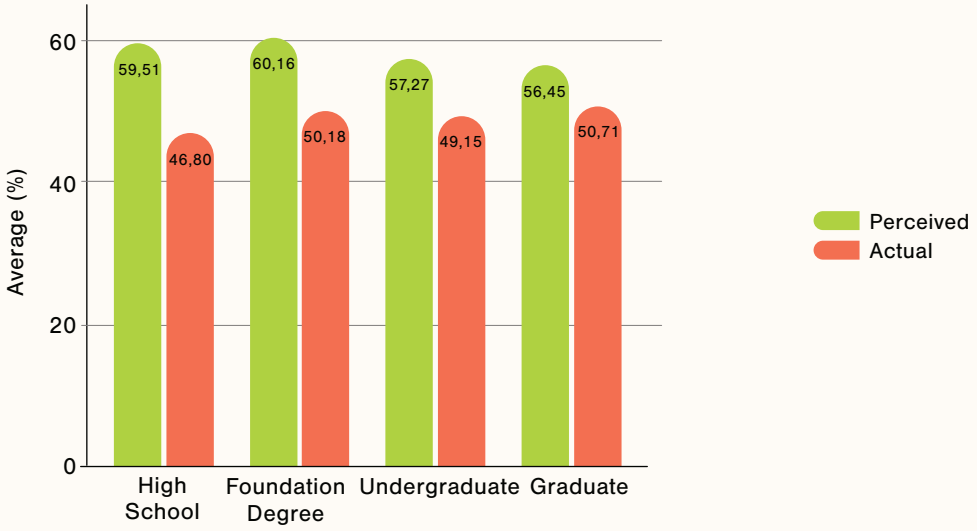
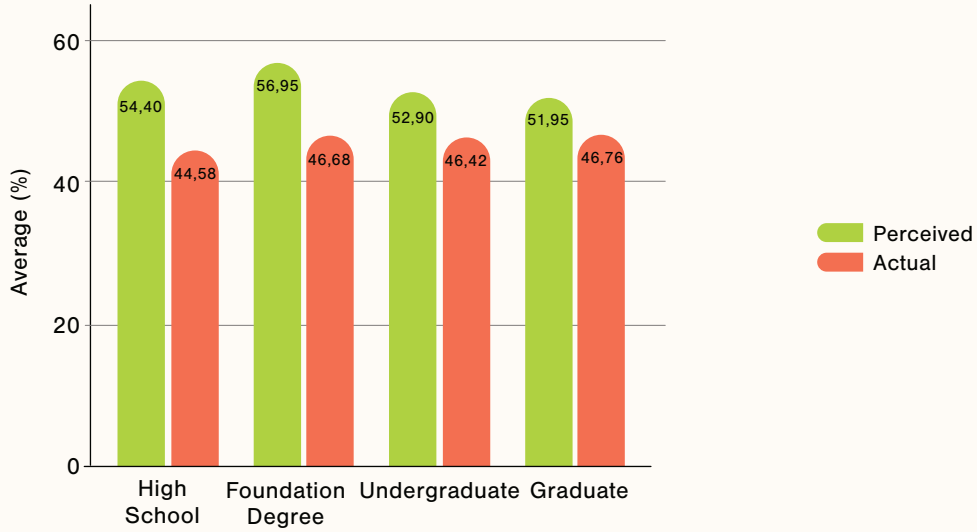


Figure 9: Average Care Work by Education Level (Perceived/Actual Load) (%)



Understanding the reduction in the gap between perception and reality is important, but it is equally crucial to examine how this change varies by gender. Figure 10, Figure 11 respectively exhibit the perceived and actual percentage points for both genders, while Figure 12 shows the difference. Perceived care work scores exhibit a decline of 1.5 to 2.2 percentage points for men and women by education level, although such changes are not very sharp. On the other hand, the actual care work scores for men escalate up to 10 percentage points with rising level of education, while the decline in women's care work scores is limited to 4.4 percentage points. Nevertheless, despite the fact that men's participation in care work increases with education, it is still far from a fair distribution.

Looking at mental load, we observe similar rates of decrease for both women and men in terms of perceived mental load. However, the case of actual mental load portrays a different story compared to care work. In contrast to the 9 percentage point increase observed in men's mental load with gradually increasing level of education, a 3 percentage point decrease is seen in associate and undergraduate levels for women compared to high school, which disappears in undergraduate level. This is indicative of a decline in the perceived effect of mental load on women, despite the absence of a change in actual mental load.

Figure 10: Distribution of Perceived Care Work and Mental Load by Gender and Education Level (%)

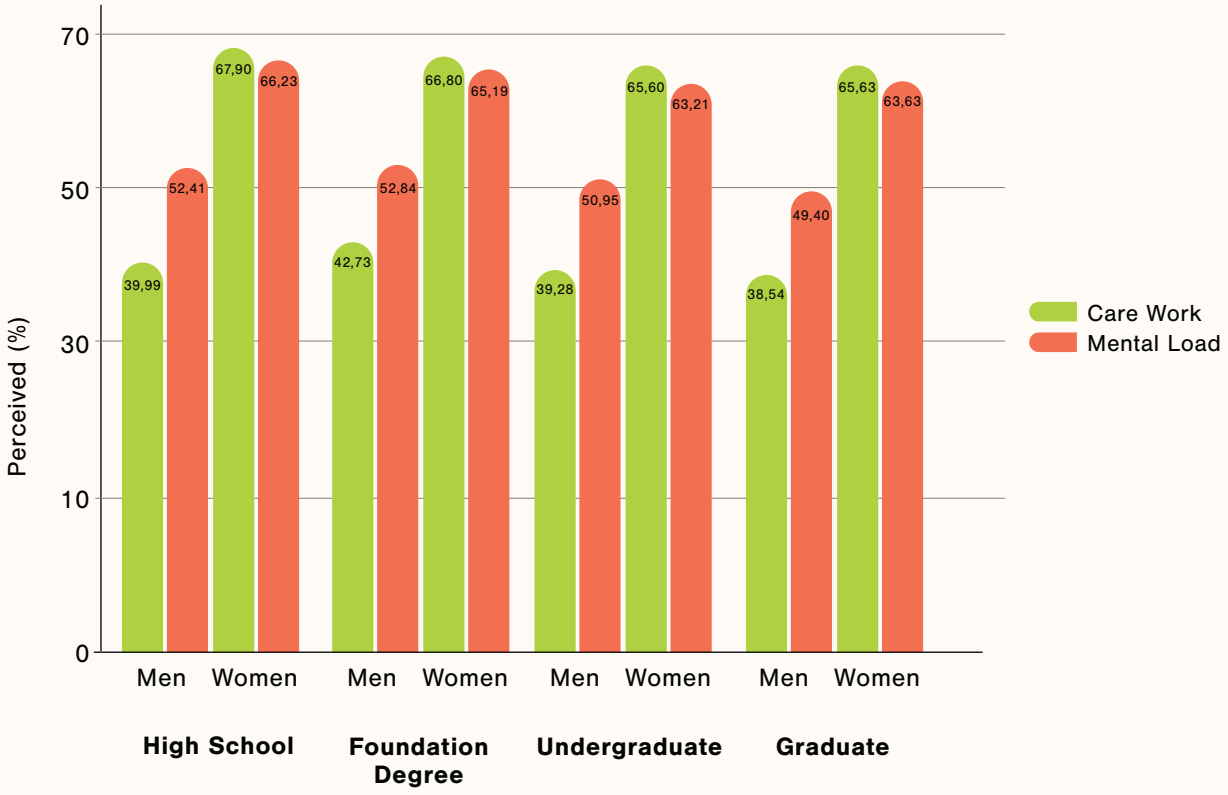
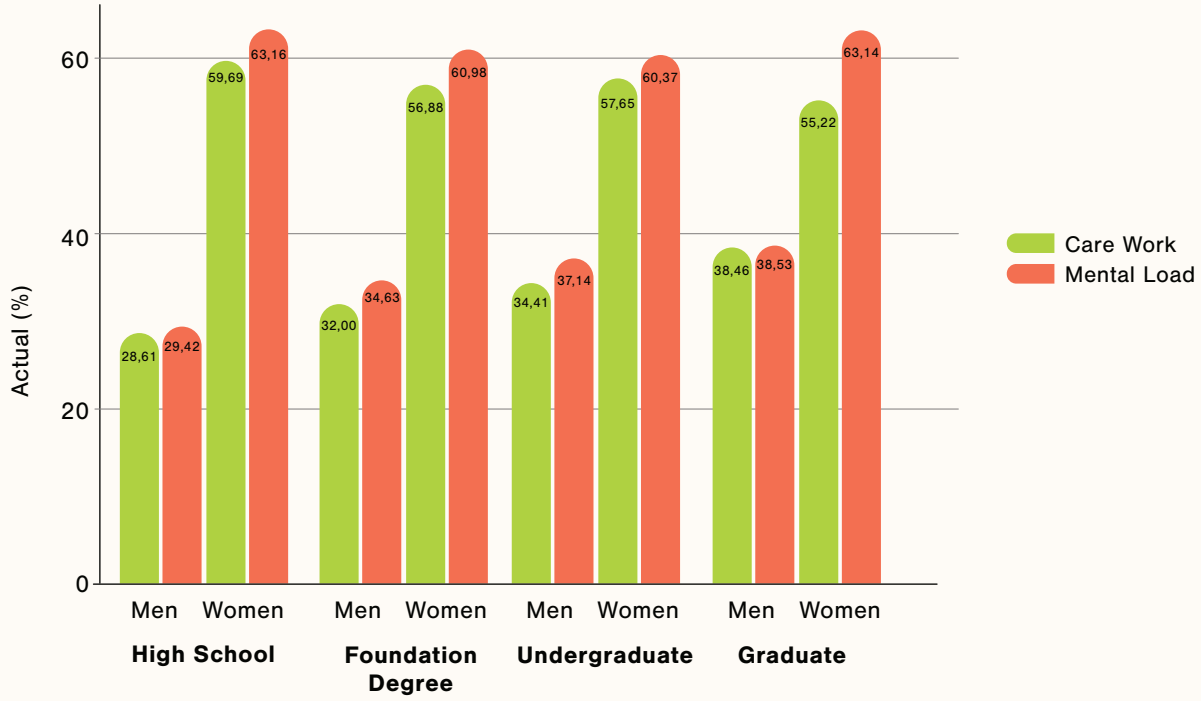
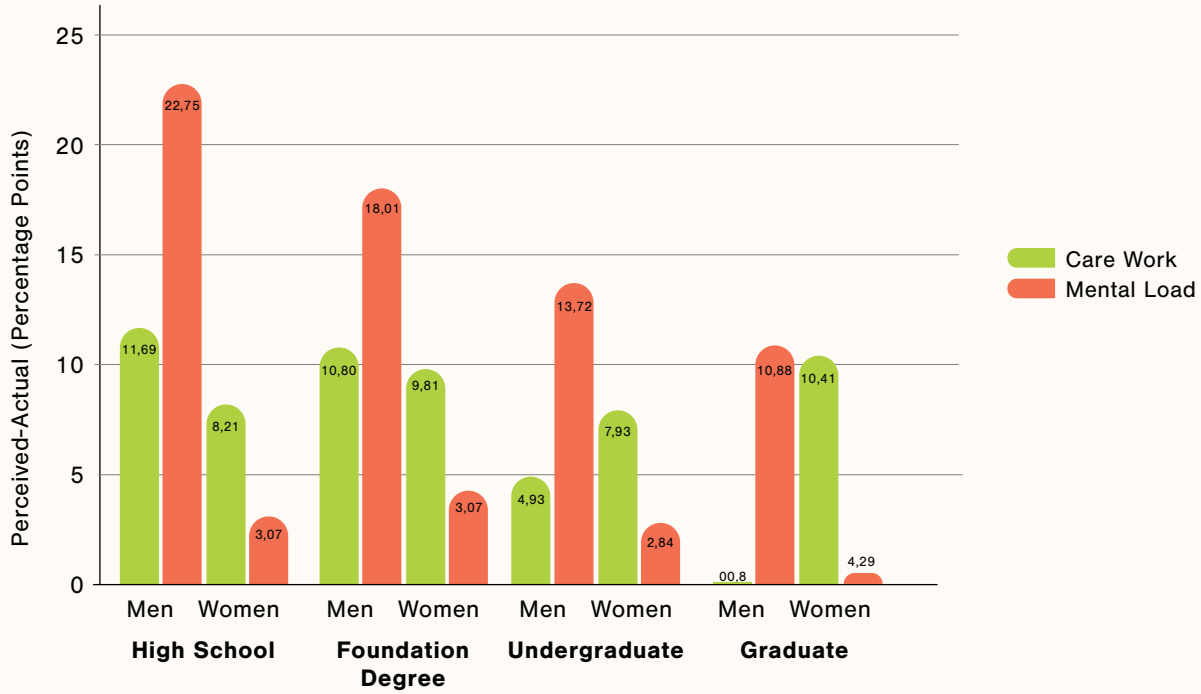


Figure 11: Distribution of Actual Care Work and Mental Load by Gender and Education Level (%)



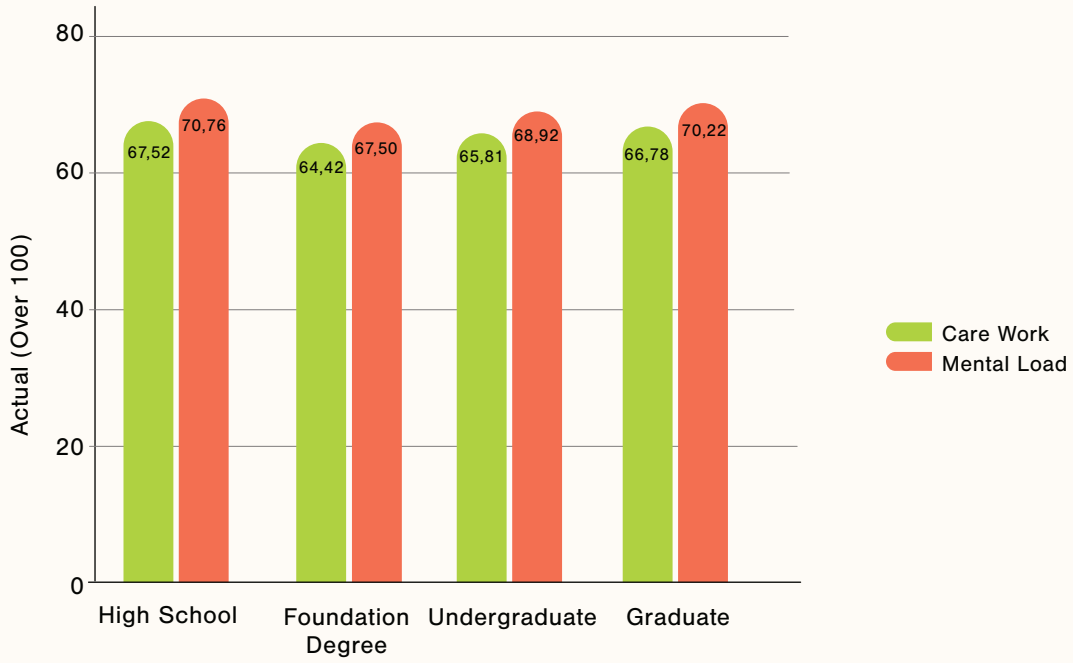
In men, the difference between perceived and actual care work and mental load gradually decreases with increasing level of education, with effectively no difference at the graduate level. While the mental load gap in women closes at the postgraduate level, no consistent trend is observed in care work and mental load. This situation indicates that education level is a determining factor for men, while the fact that men's increasing contribution to care work does not translate into an equivalent decrease for women—and that the scores between genders do not converge—stands out as a significant area of concern.

Figure 12: Difference Between Perceived and Actual Care Work and Mental Load by Gender and Education Level (Percentage Point)



It can be questioned whether such change is due to individual behavioral changes or due to changes in total care work and mental load in the household as the level of education increases. Figure 13 shows the average actual care work and mental load scores in households by education level. However, as the figure suggests, there is no significant change in total care work and mental load as the level of education goes up. This implies that the change is mostly due to behavioral differences of individuals.

Figure 13: Total Care Work and Mental Load in the Household by Education Level



The total income level of the household can be considered as another factor affecting care work and mental load. Figure 14 and Figure 15 demonstrates the average perceived and actual care work and mental load scores of households of four different income groups, respectively, and Figure 16 exhibits the differences between such scores, broken down by gender. Except for the highest income group, no major differences are observed in perceived and actual care work and mental load scores for women and men. When the high-income group is concerned, on the other hand, significant decreases are observed for both women and men. When we take a peek at the differences between men and women, we can see that the perceived difference in care work is in the range of 26-31 percentage points, while the difference in mental load is in the range of 14-17 percentage points. It would be safe to say that no significant relationship exists between these differences and income level. Regarding the difference between actual scores, we can say that this gap ranges between 17 to 29 percentage points for care work, and between 21 to 28 percentage points for mental workload.

The most prominent aspect that stands out in the differences between actual scores is that the mental load gap between genders is closer to the perceived scores, and even surpasses them by 21 percentage points compared to 17 percentage points in the high-income group. However, additional analyses reveal that as household income increases, the actual care load exhibits a significant decrease only among women.

Figure 14: Perceived Care Work and Mental Load by Gender and Total Income in Four Different Households (%)

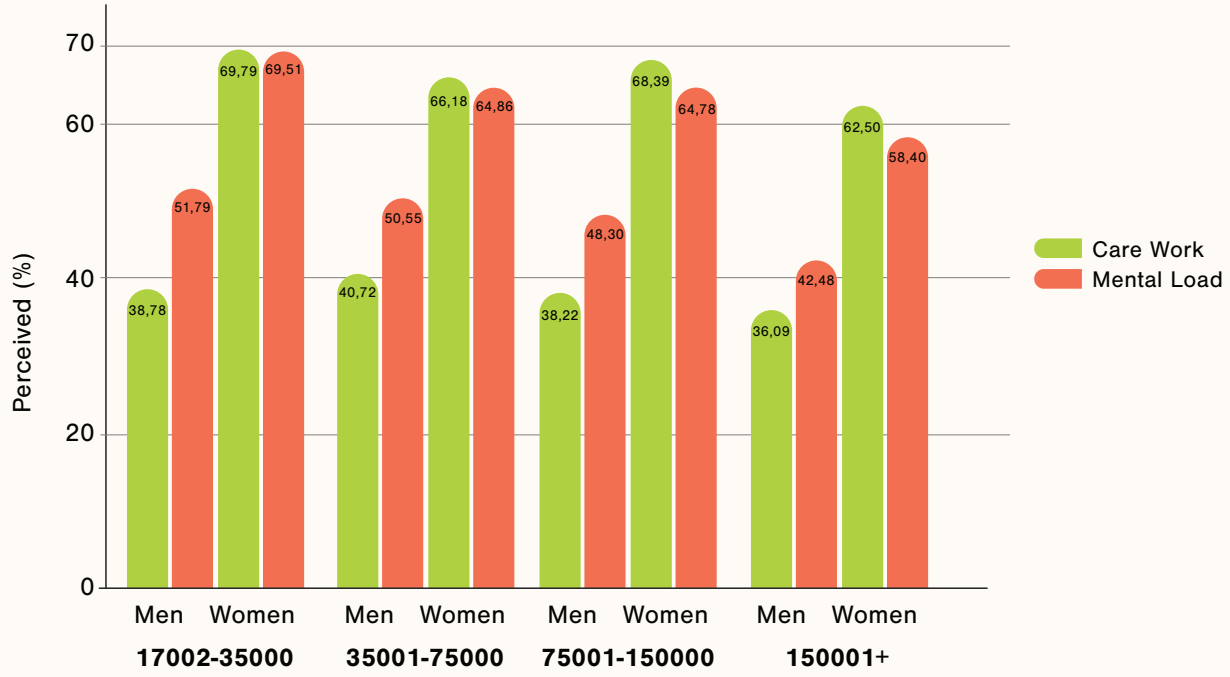


Figure 15: Actual Care Work and Mental Load by Gender and Total Income in Four Different Households (%)

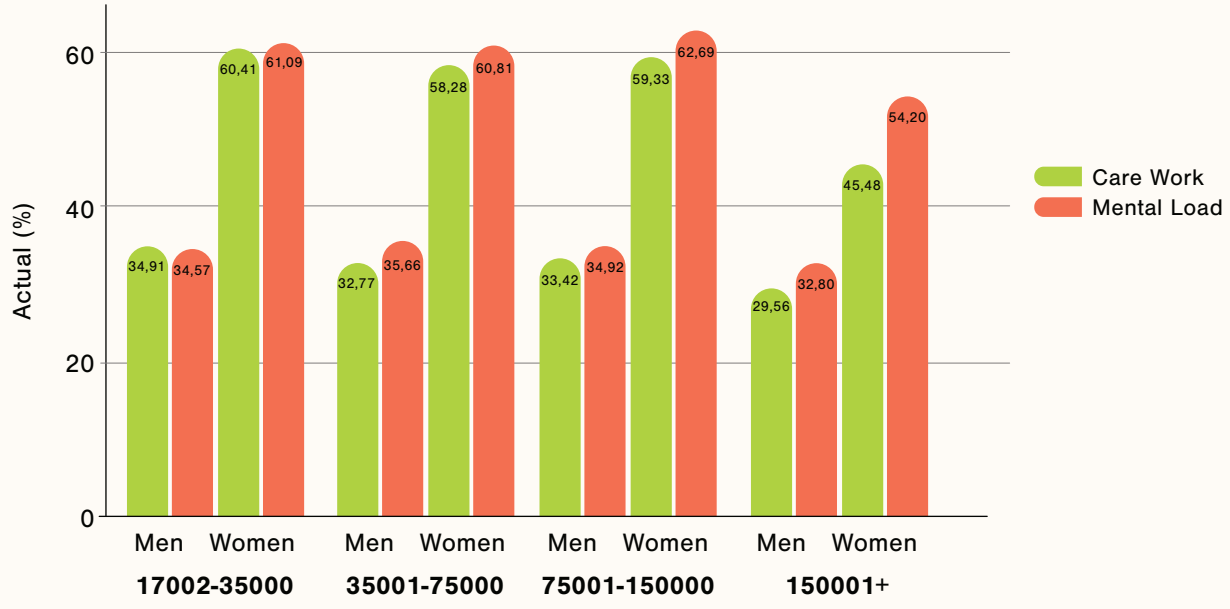
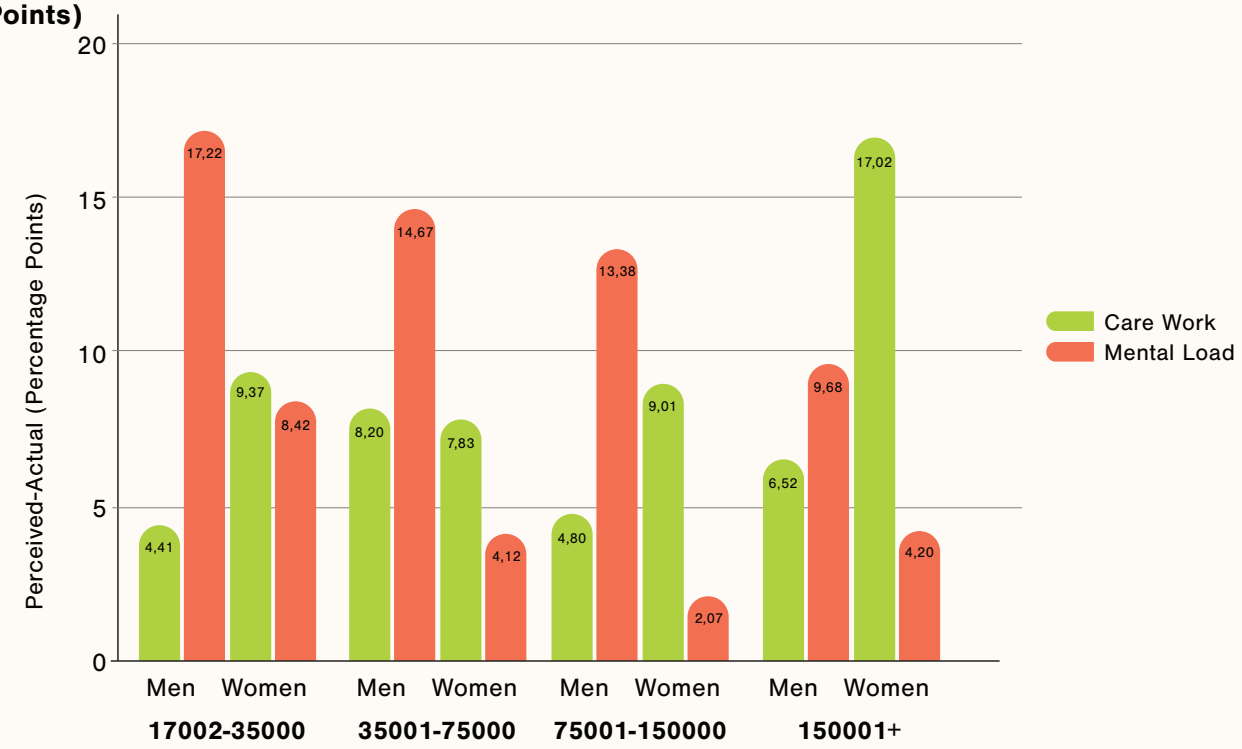


Figure 16: The Difference Between Perceived and Actual Care Work and Mental Load by Gender and Total Household Income, by Four Different Household Income Categories (Percentage Points)

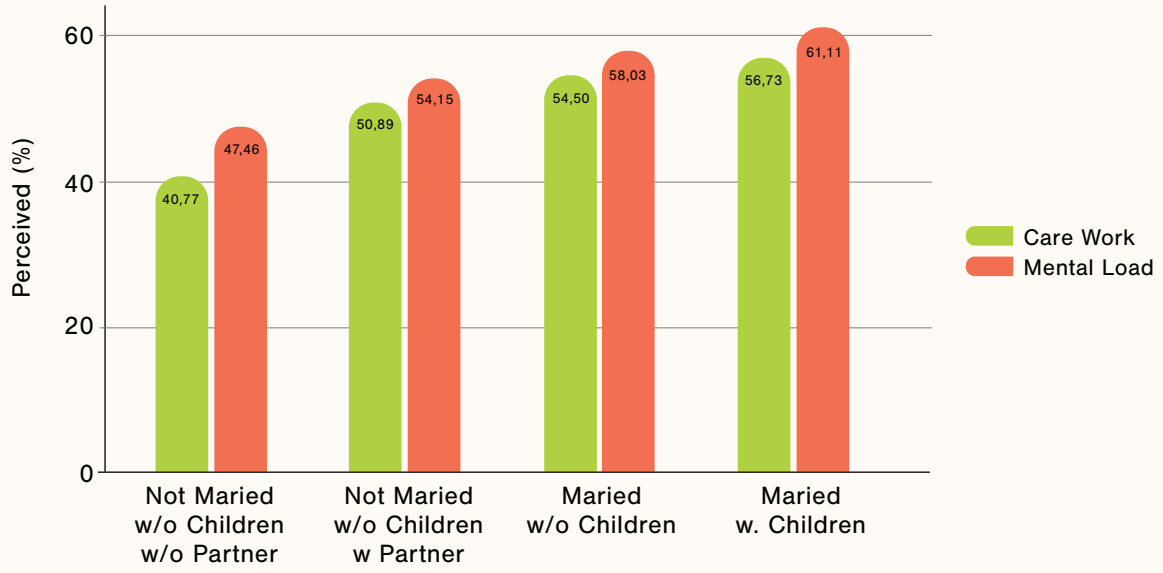


When total average care work and mental load scores in households is examined by income groups, no significant change is observed in the first three income groups, as is the case with education level. A decline is observed in average total care work and mental load only in the high-income group. This can be interpreted as an indication that participants in this group assume less care work and mental load responsibility than those in the other groups. In particular, there may be a parallelism between income above a certain level and the ease of acquiring professional services.

Figure 17: Total Actual Care Work and Mental Load in the Household by Total Household Income

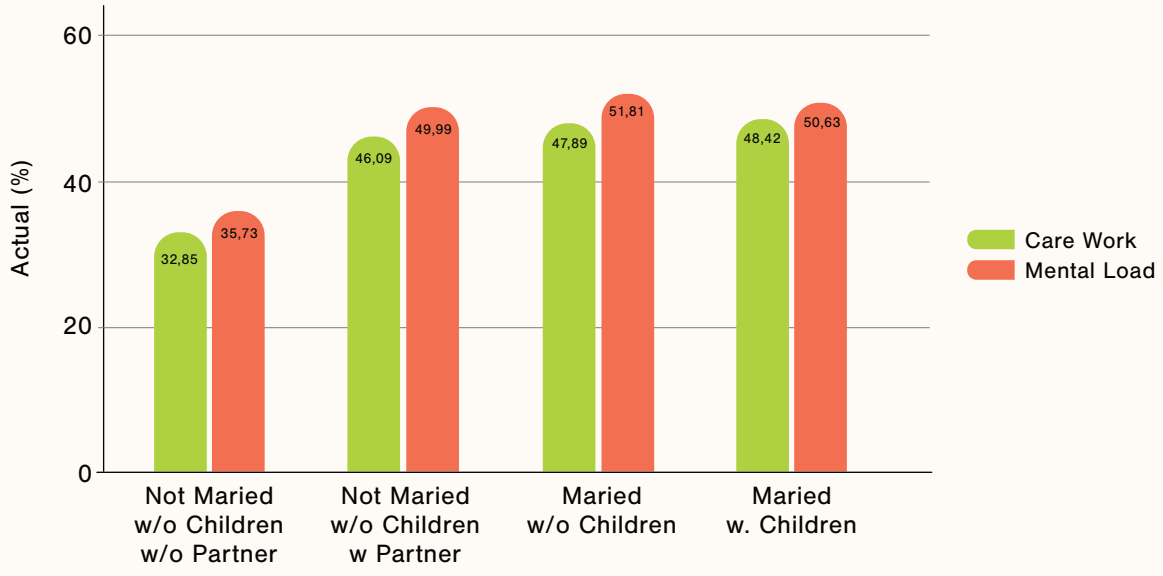
Another subject evaluated in this section is the impact of people's changing marital status and whether they have children. When we examine the perceived care work and mental load shown in Figure 18 over the entire sample, the average of care work and mental load rises above 50% as soon as people start sharing the same house with their partner. Following marriage, partners' both perceived care work and perceived mental load increase by about 4 percentage points each. If married couples have children, this similarly leads to a gradual increase.

Figure 18: Perceived Care Work and Mental Load by Marital Status (%)



Examination of the care work and mental load data in Figure 19 reveals a much higher score jump, which occurs when people start living with their partners. However, it is observed at first glance that getting married or having children does not cause any significant change in the scores.

Figure 19: Actual Care Work and Mental Load by Marital Status (%)



In order to understand this change in households or, in some cases, the unchanging scores, it is important to take a closer look from a gender-based perspective. Within such context, Figure 20 and Figure 21 exhibit the breakdown of perceived care work and mental load averages for men and women. **From the perspective of perceived care work, living with a partner creates a significant leap in men's scores. However, a gradual decrease is observed in men's care work scores for married and married-with-children groups.** Nevertheless, the average perceived care work for women increases significantly with each change of state. In fact, the perceived care work rises above perceived average mental load. This is one of the indicators of the problems arising due to unfair sharing of increasing responsibilities.

When we look at the averages from a mental load perspective, men exhibit an increase if they live with their partners, while other changes do not lead to any significant change in the scores. For women, on the other hand, the gradual increase in perceived care work is also reflected in perceived mental load.

Figure 20: Perceived Care Work and Mental Load by Gender and Marital Status (Men) (%)

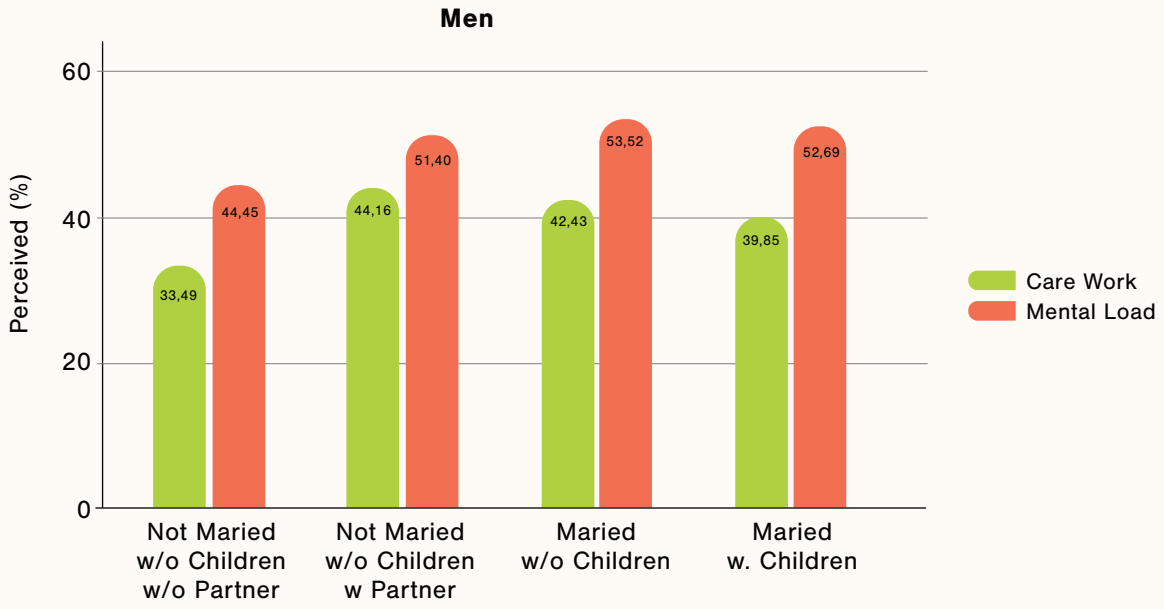
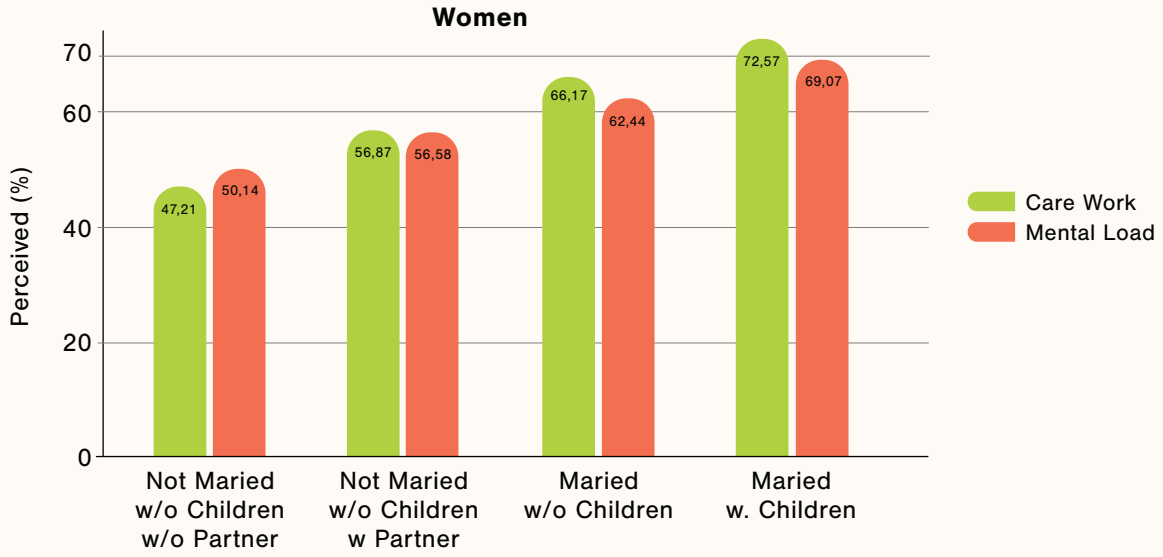


Figure 21: Perceived Care Work and Mental Load by Gender and Marital Status (Women) (%)



Much larger differences can be observed when care work and mental load averages are examined. Both care work and mental load averages for men do not exceed 37%, except for the period they live with their partners. **For women, living with a partner causes the first significant increase, while a change in marital status continues the upward trend significantly in terms of both care work and mental load.** Having a child creates no difference in the average scores at first glance. As a result of additional analyses, we observed that women's care work increase by approximately 22 percentage points following marriage, while men's care work increased by less than a fifth of that figure. While women's mental load increased by 23 percentage points with marriage, it did not change significantly for men.

Figure 22: Actual Care Work and Mental Load by Gender and Marital Status (Men) (%)

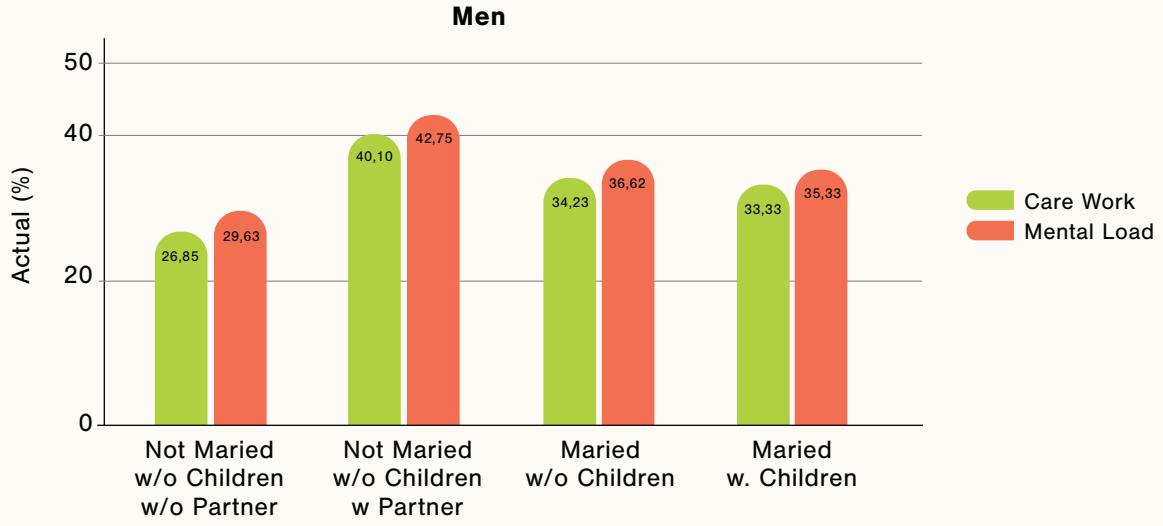
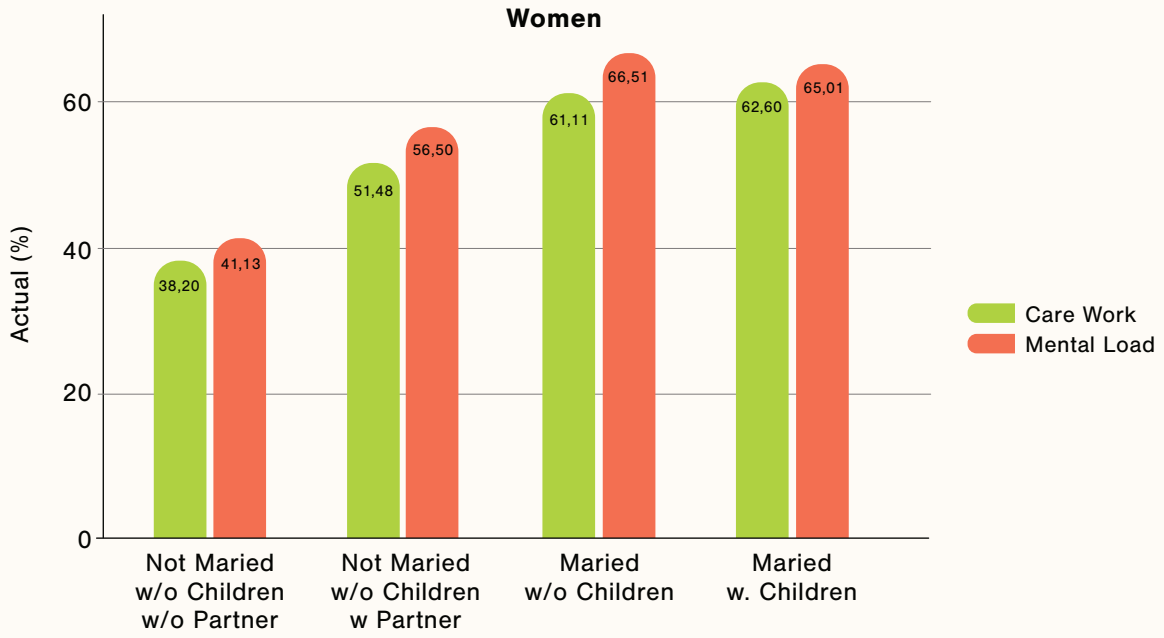
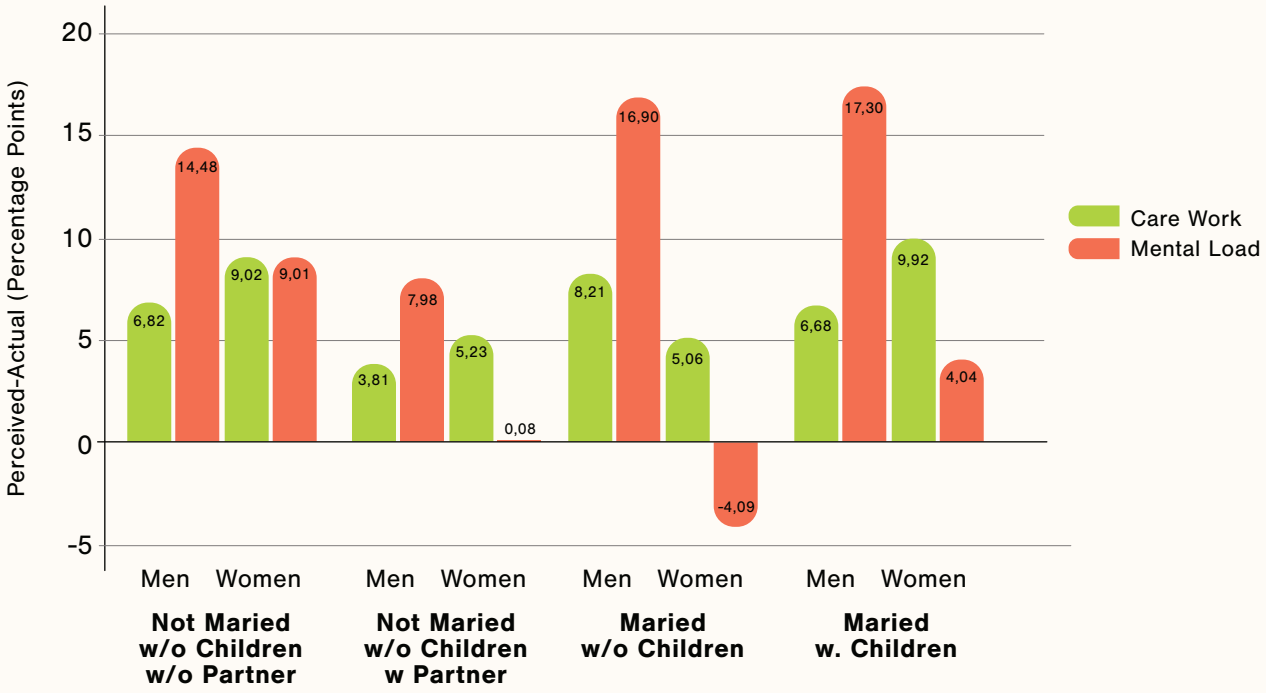


Figure 23: Actual Care Work and Mental Load by Gender and Marital Status (Women) (%)



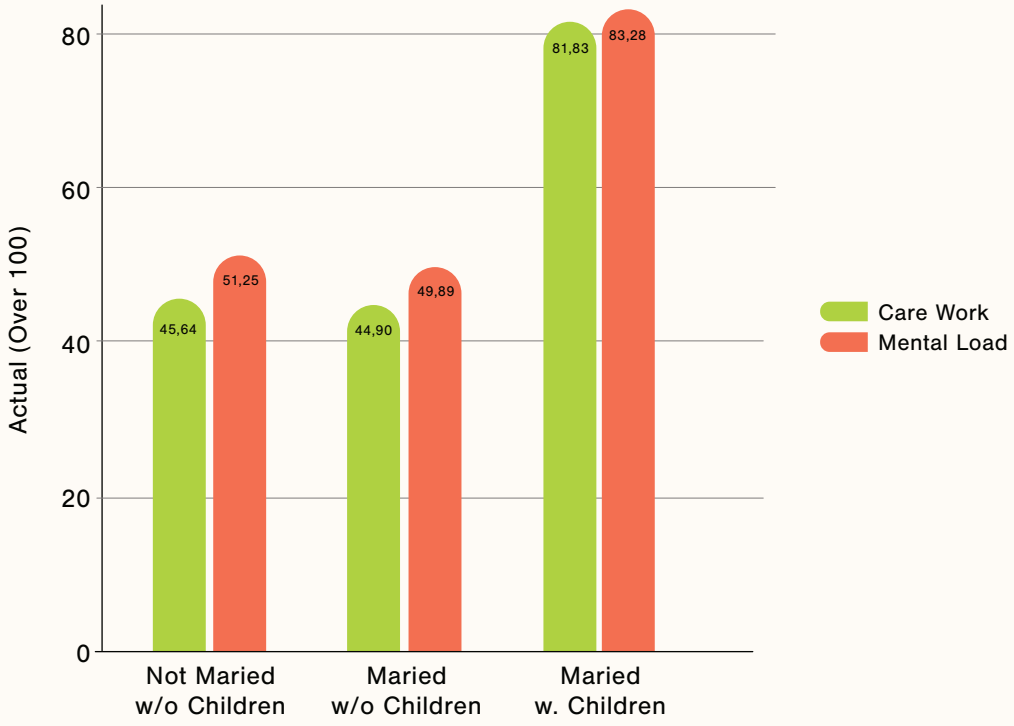
While individuals' perceived and actual care work score differences do not differ much by gender, such difference is much higher in men than women when it comes to mental load. From this point of view, we can suggest that men believe that they undertake much more mental load than they actually do, and women are more aware of what they experience in that regard despite the changing household structure. The fact that this phenomenon occurs in all scenarios particularly in mental load may be due to the invisibility of the mental load items for men. Further analyses show that the difference between perceived and actual mental load increases by about 6 percentage points after marriage, although there was no significant change in men's mental load.

Figure 24: Difference Between Perceived and Actual Care Work and Mental Load by Gender and Marital Status (Percentage Points)



At this point, it is especially important to take a closer look at the fact that there is almost no change in men's and women's care work and mental load scores at first glance. Looking at the difference in household total care work and mental load scores by marital status and having children makes it easier for us to make inferences on the subject. As seen in Figure 25, marital status difference does not significantly alter the total care work and mental load scores in households. **However, although having children does not seem to increase people's average actual care work and mental load, we can suggest that women in households with children undertake about twice as much care work and mental load compared to women in households with no children, since children in a household increase the total amount of care work and mental load very significantly.** In other words, married women with no children undertake 61.11% of the care work in a household where an average of 44.90 points of care work is done. On the other hand, women in households with children undertake 62.60% of the care work in a household where an average of 81.83 points of care work is carried out.

Figure 25: Total Care Work and Mental Load Scores in Households by Marital Status



d. Taking a Closer Look at Managers' Care Work and Mental Load

In order to analyze the effects of care work and mental load in professional life, it is important to also understand managers' relations with care work and mental load. Within such context, Figure 26 suggests that while perceived care work score is relatively much lower in non-managers than in managers, the situation is quite the opposite for mental load. Figure 27 presents actual care work and mental load scores, where we can observe that actual care work and mental load are higher for non-managers compared to that of managers. A particularly significant difference is observed in care work.

Figure 26: Perceived Care Work and Mental Load for Managers and Non-Managers

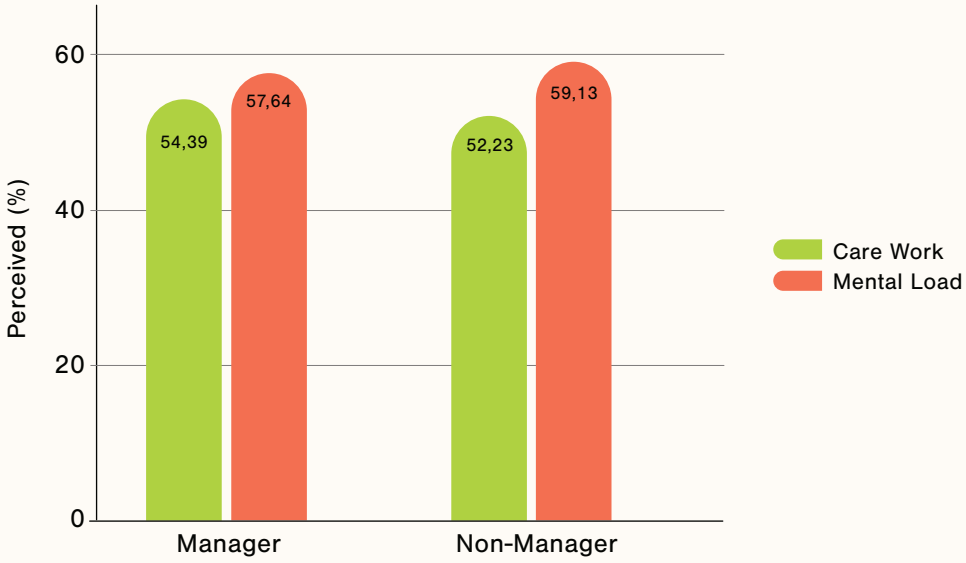
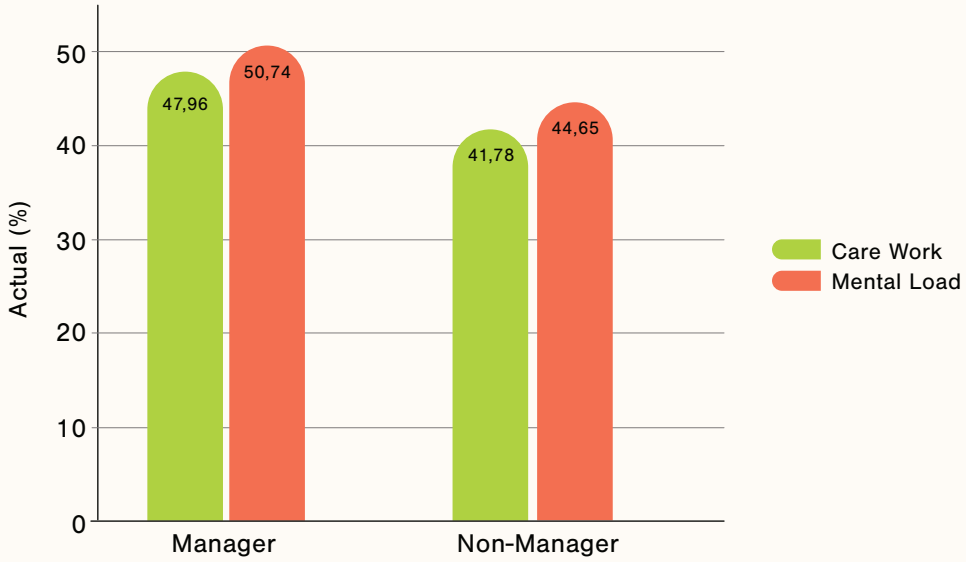


Figure 27: Actual Care Work and Mental Load for Managers and Non-Managers



The distributions by gender shown in Figure 28 and Figure 29 reveal an average care work and mental load distribution among genders that is similar to the overall distribution. On the other hand, significant differences can be noticed in individuals' score differences for perceived and actual care work and mental load. For instance, as seen in Figure 30, the difference between perceived and actual mental load turns out to be the least for women who are not managers, while being highest in men who are in managerial positions. Similarly, it can be argued that perceived and actual mental load difference for manager women is much higher than that of non-manager women. We believe that it is important to pay attention to such high difference in perceived and actual scores in managers. It is probable that they may be experiencing the same misperception about evaluating their own work also for the care work and mental load carried out by their employees. Considering the fact that care work scores are higher especially for non-managers compared to managers, it can be inferred that managers have a high risk of overlooking the dynamics experienced by non-managers while taking action on care work and mental load.

Looking at the results of regression analyses, we observe that working in a managerial position does not actually change the workload on women. However, although there is a fall in men's mental load, the gap between perceived and actual load is widening. This can be interpreted in two ways: (i) men perceive their increased professional mental load together with the burden created by domestic work, or (ii) their mental load decreases significantly after they move to a managerial position.

Figure 28: Perceived Care Work and Mental Load by Gender and Managerial Status (%)

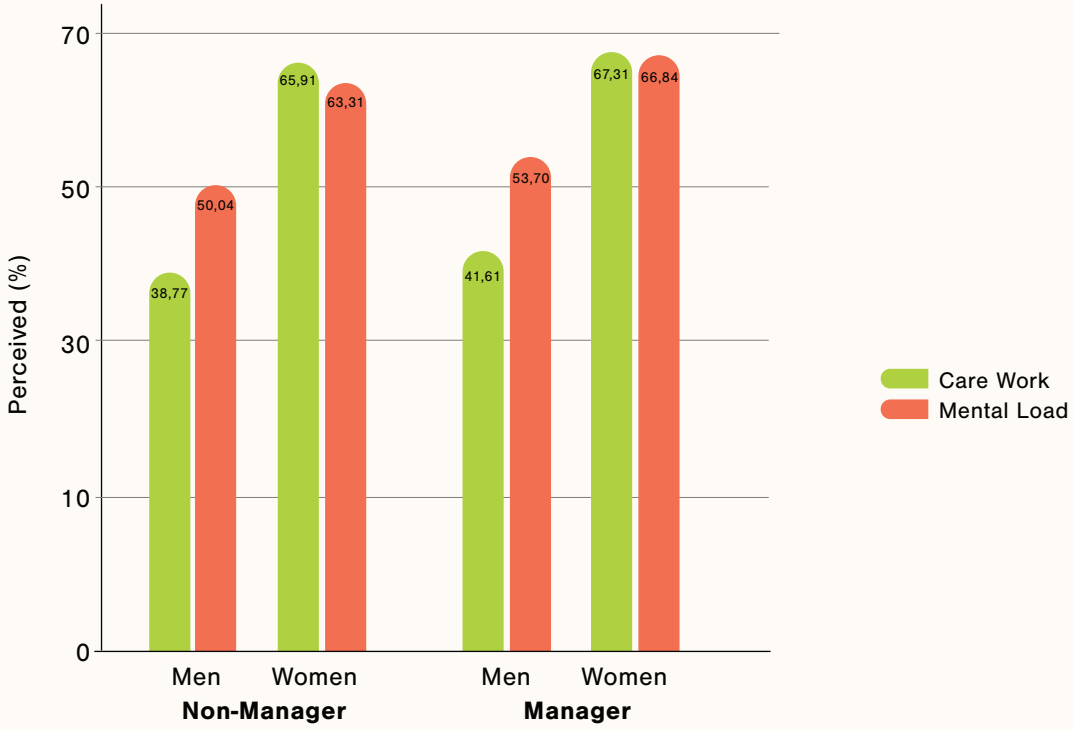


Figure 29: Actual Care Work and Mental Load by Gender and Managerial Status (%)

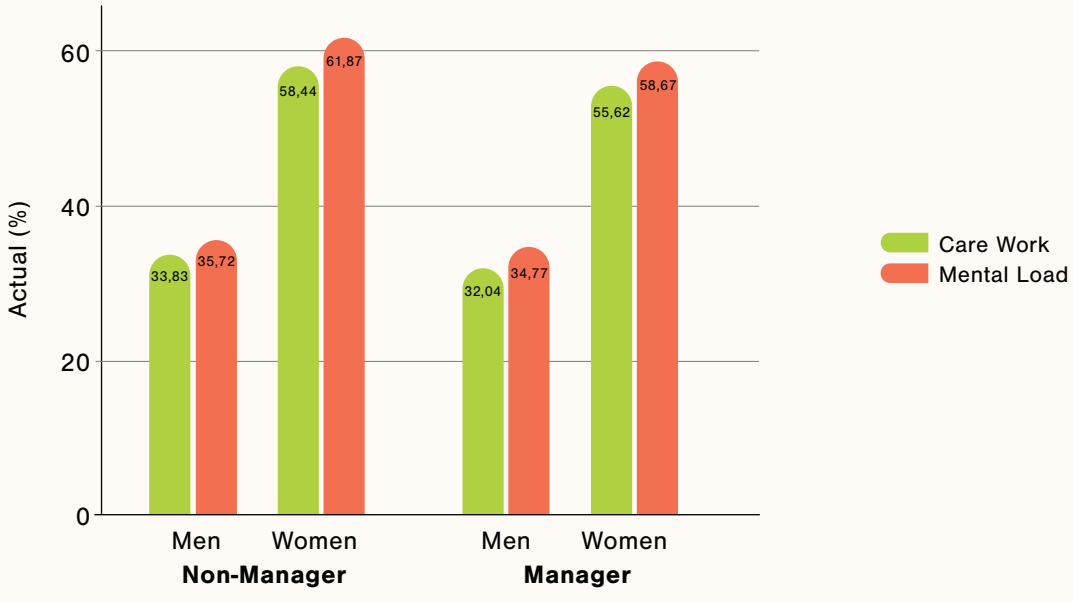


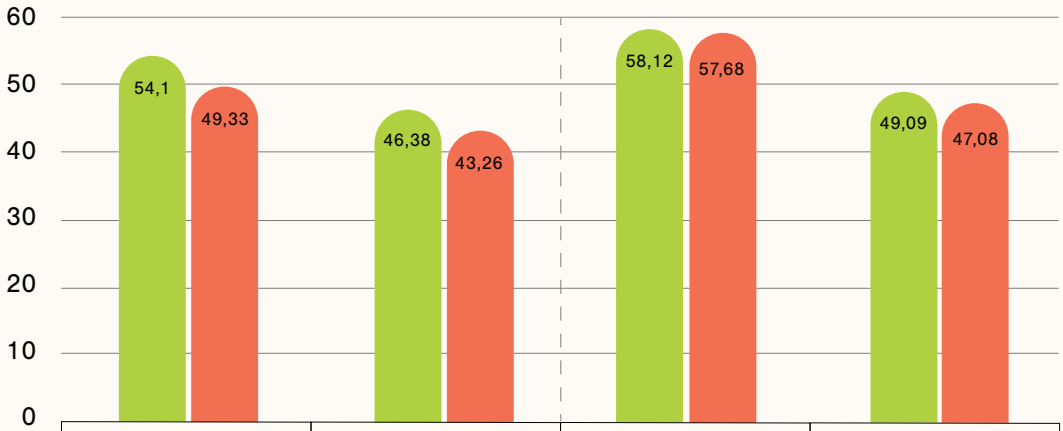
Figure 30: Difference Between Perceived and Actual Care Work and Mental Load by Gender and Managerial Status (Percentage Points)

e. Care Work and Mental Load According by Working Arrangement

Remote and hybrid working arrangements, which have become increasingly popular with the pandemic, have caused home and work spatially converge. Consequently, individuals fine-tuned their care work and mental load processes to maintain the balance between home and work. Therefore, changes are observed in the office work and remote/hybrid working arrangements, as well as in perceived and actual care work and individuals' care work and mental load scores, as seen in Figure 31. In the case of perceived care work, people perceive more care work while working in the office compared to remote/hybrid work. Considering that the perceived and actual scores of mental load do not differ significantly between the two work types, it can be argued that working from the workplace has a notable impact particularly on the perceived level of care work.

As discussed in the following sections, such differences in perception of care work can also have a negative impact on people's relationships with work. When the difference in actual workload scores of managers and non-managers is concerned, as pointed out in the previous chapters, such differences may become more important for non-managers. In addition, the misperception of the actual-perceived difference experienced by managers, even in their own specific cases, may cause managers to overlook the importance for non-managers of such care work difference and the additional burden it brings. This may lead to divergence between managers and non-managers in the office work model, compared to remote/hybrid work.

Figure 31: Care Work and Mental Load by Work Model (Perceived and Actual) (%)



	Care Work-Perceived	Care Work-Actual	Mental Load Perceived	Mental Load Actual
Office Workers	%54.15	%46,38	%58,12	%49,09
Hybrid/Remote Workers	%49,33	%43,26	%57,68	%47,08

4. Cost of Care Work and Mental Load

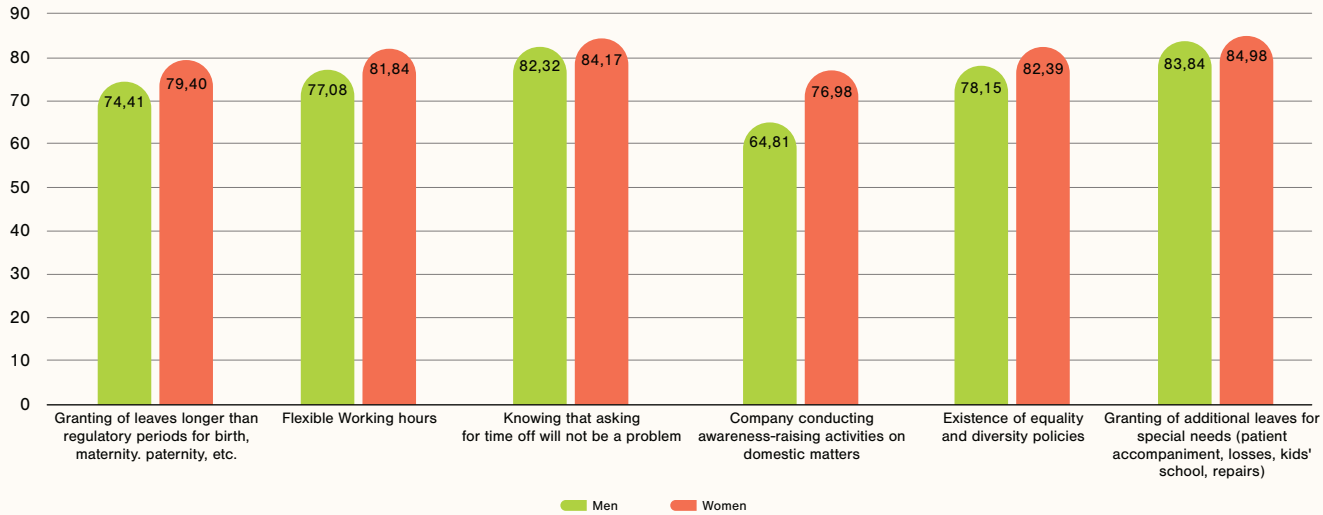
In the previous section, we took a closer look at who undertook care work and mental load in households and the average scores for such efforts. Glancing at the overall picture highlights that the need for care work and mental load emerges at different levels in each household, regardless of individuals' marital status, economic status, age or education level. When substantial variables, such as children, are involved in the equation, scores grow incrementally. It would not be right to think that said efforts and burdens that take place in every household will remain there and not extend to other aspects of one's life. Obviously, increased care work and mental load will affect other areas of an individual's life. This section will analyze the consequences of changing care work and mental load of participating white-collar employees on their professional life.

a. Motivation

Within the scope of the research, we asked participants about the factors that motivate and demotivate them in the selection of a workplace. 6 of the 8 different topics were about the rights offered by the institutions or the behaviors of the institutions, whereas 2 topics were about the format of the work. Participants evaluated their work motivation for each case, whether each case would positively affect, negatively affect or not affect them. Figure 32 exhibits the questions about the rights offered by institutions or the behaviors of institutions, and their distribution for women and men. The percentage of respondents who marked half or more of the offered rights and attitudes focused on care work and mental load. **Accordingly, 85.26% of the participants stated that rights and attitudes focused on care work and mental load would contribute positively to their workplace preferences and work motivation.**

"Offering additional leave for special needs" appears to be the most motivating corporate attitude for both men and women. The second and third ranking attitudes which provide positive motivation were "Knowing that I will not have problems taking time off work when necessary" and "existence of equality and diversity policies." The most noteworthy of these items, also the focal point of this research report, was "The fact that the company is conducting awareness-raising activities on domestic affairs." It would not be wrong to suggest that this item, for which the score difference between women and men is the highest, is much more important for female employees. **The fact that the care work and mental load in the households are mostly undertaken by women,** as we laid out in the previous sections, **also brings the need to raise awareness on this matter in institutions where female employees work. It can be argued that institutions should include this item, which has almost the same score as maternity leave, comprehensively in their agenda.**

Figure 32: Factors Positively Affecting Work Motivation of Employees (%)



In addition to the factors that motivate them to work in an institution, participants also specified the issues that negatively affect their motivation, particularly in relation with their working arrangements. Having to travel frequently and having to work overtime frequently are two factors that would have direct negative effects on work-life balance, Figure 33 demonstrates that these two factors affect female participants much more negatively. These two cases, which can be considered as intrusions by professional life into one's private time, negatively affect motivation for women, who undertake most of the care work and mental load in their households. When we consider such differences, the expectation of female employees that their employers raise awareness about domestic affairs, as seen in the previous figure, can also be interpreted as a demand for equal opportunities. Indeed, jobs in the aforesaid format seem to be less preferable for women, regardless of the opportunities they offer. The fact that they are more easily preferrable by men may be due to the fact that care work and mental load responsibilities assumed by male employees during non-work time are significantly less than those of women. Therefore, we also took a closer look at the care work and mental load scores of people who answered "negatively affects my motivation" to these two questions.

Figure 33: Factors Negatively Affecting Work Motivation of Employees (%)

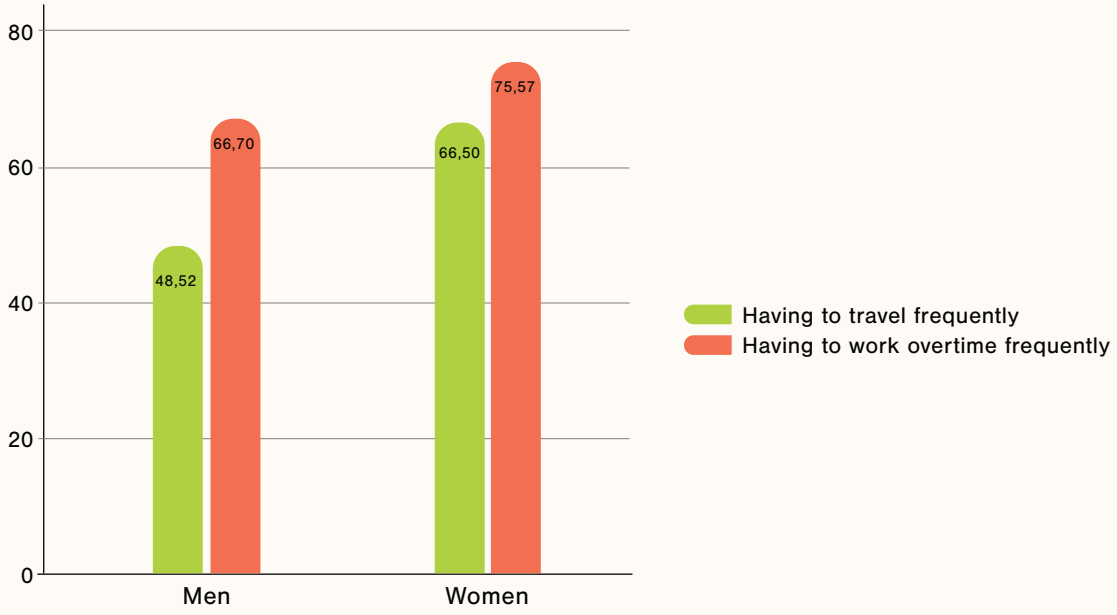


Figure 34 and Figure 35 demonstrates the care work and mental load scores of participants who answered the question on having to travel frequently for work as "negatively affects my motivation" and "positively affects my motivation," broken down by gender (excluding those who answered "does not affect my motivation"). As the figures suggest, men's care work and mental load scores do not change significantly depending on their answers to this question. On the other hand, female employees who respond "affects positively" have 6.19 percent less care work score and 4.77 percent less mental load score than those who respond "affects negatively."

Figure 34: Care Work and Mental Load Scores by Gender and Effects of Frequent Travel Necessity on Motivation (Negative Effects) (%)

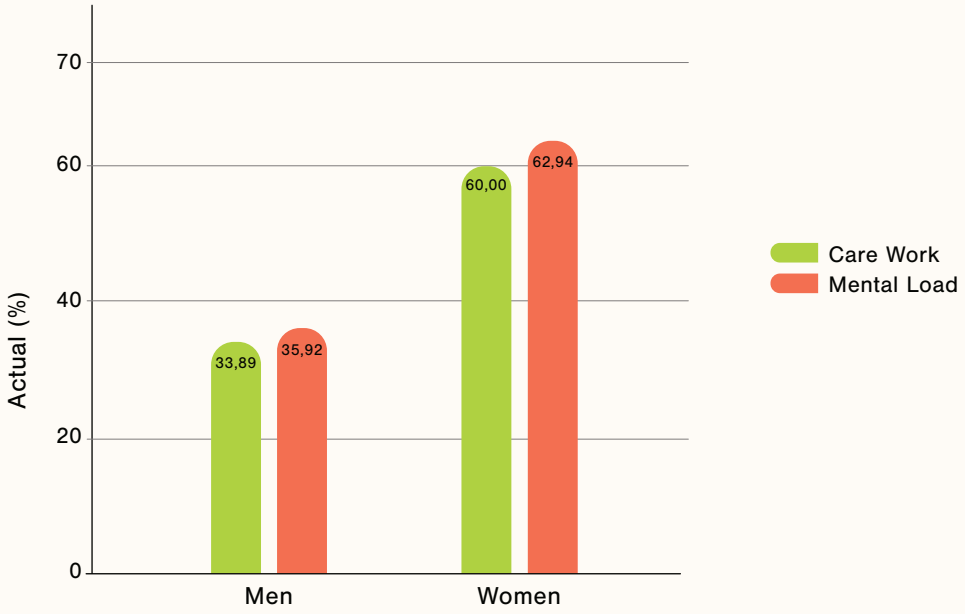
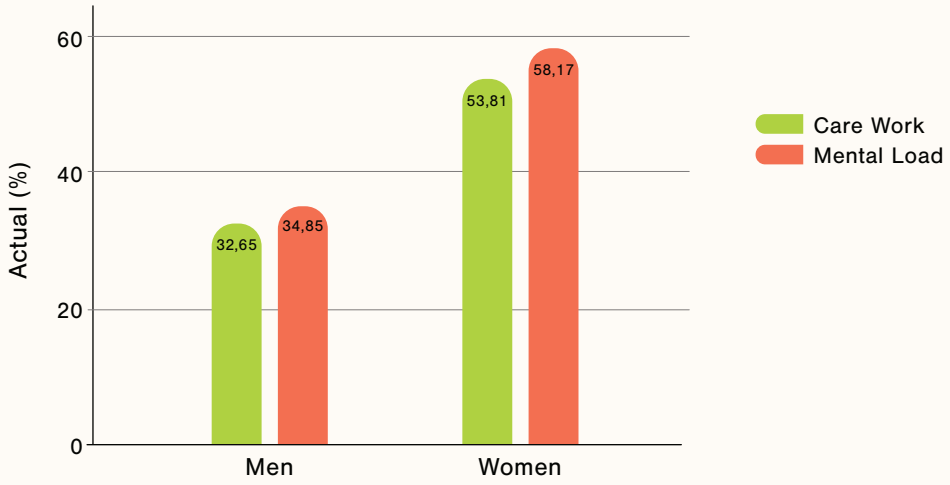


Figure 35: Care Work and Mental Load Scores by Gender and Effects of Frequent Travel Necessity on Motivation (Positive Effects) (%)



We can see a similar picture in the answers given to the question of having to work overtime frequently and care work and mental load scores. As Figures 36 and 37 suggest, men's care work and mental load scores do not vary significantly depending on their answers to this question. On the contrary, female employees who respond "affects positively" have 6.96 percent less care work score and 4.91 percent less mental load score than those who respond "affects negatively." Taking into consideration that women have higher overall care work and mental load scores than men, female employees need more equitable care work and mental load sharing in order for them to achieve equal opportunities. As such, women's expectation of awareness on domestic affairs from their employers can also be interpreted as an expectation of alliance. We can predict that female employee motivation will be improved in institutions that respond positively to such call for alliance.

Figure 36: Care Work and Mental Load Scores by Gender and Effects of Frequent Overtime Necessity on Motivation (Negative Effects) (%)

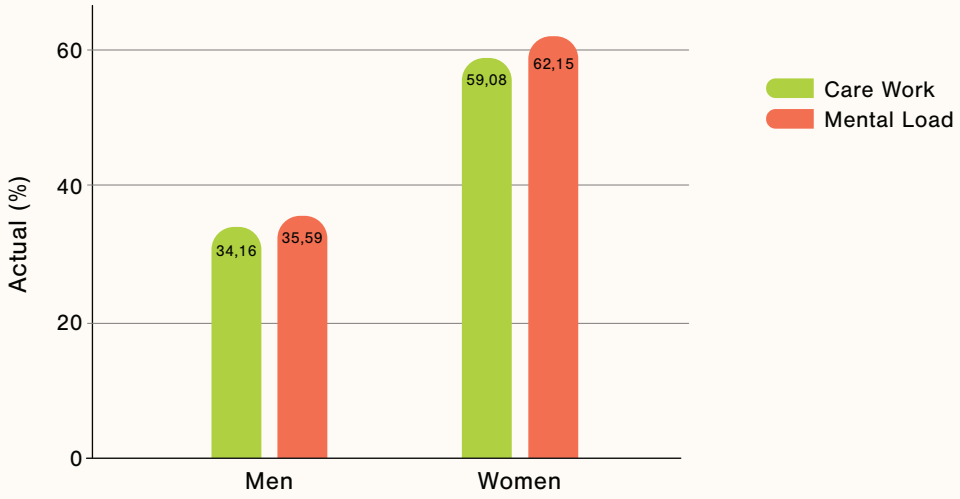
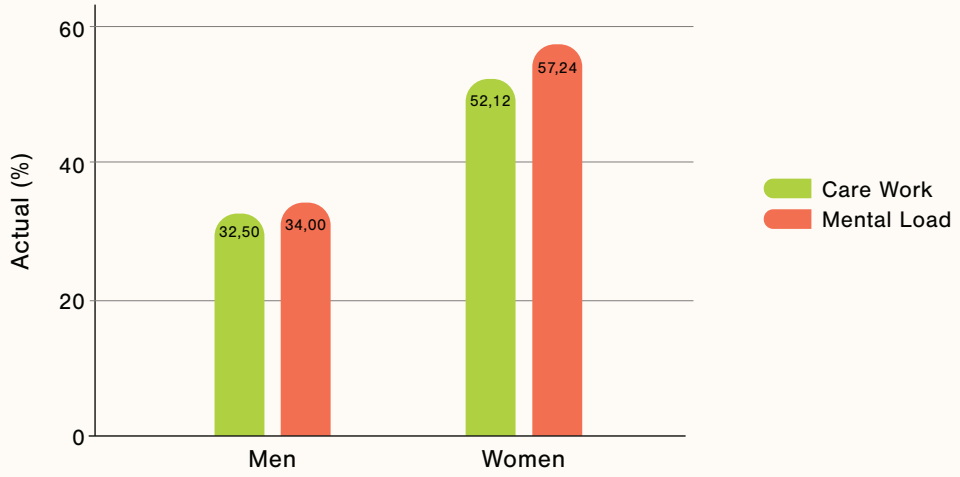


Figure 37: Care Work and Mental Load Scores by Gender and Effects of Frequent Overtime Necessity on Motivation (Positive Effects) (%)



b. Workplace Satisfaction and Belonging

We have already discussed how employees' motivations are influenced by organizational behaviors regarding care work and mental load, and that working women, in particular, have an expectation of alliance. In this section, we will discuss how employees' sense of belonging is affected depending on employers' alliance stance. In the first phase of the research, the following questions were asked to measure participants' level of satisfaction and sense belonging to the institutions they work for, with multiple-choice answers being "agree," "partially agree" and "disagree."

1. I am satisfied to have chosen to work in this company
2. Overall, I am satisfied with my job
3. I feel "emotionally connected" to this organization
4. I feel part of this organization
5. I am eager to go to work when I wake up in the morning
6. I trust my managers at work

Then, questions were asked regarding behaviors of participants' employers or managers about care work and mental load related matters listed below that directly affect their work-life balance (facilitating care work and mental load), with multiple-choice answers being "never," "rarely," "sometimes," "most of the time" and "every day."

1. My manager is flexible for me for taking time off when I need to take a family member (e.g., children, spouse, an elderly family member) to the doctor/hospital due to a health condition
2. My manager implies that I am disrupting my work for family (picking up my child from school, etc.) reasons and puts pressure on me
3. When I feel unhealthy, I inform my manager without hesitation and he/she grants me leave in such cases
4. My organization allows me to take leave as I wish
5. My organization is flexible for employees with children during the children's holiday period

The responses "often" and "always" for the second question and the responses "never" and "rarely" for the other items were determined as an indication that the employer may not be cooperative regarding care work and mental load. Utilizing this approach, institutions for which participants provided the aforesaid responses to at least two of the five questions were characterized as non-cooperative with regard to care work and mental load. Then, we broke down the participants' indicators of workplace satisfaction and sense of belonging by both gender and whether the institutions were cooperative. Figure 38 shows the percentages of the answer "agree" for the questions on workplace satisfaction and sense of belonging questions that were provided by men employed by cooperative and non-cooperative institutions. In the case of men, no direct relationship was observed between cooperation level of the institution and workplace satisfaction and sense belonging in the context of care work and mental load.

Figure 38: Percentage of the answer "Agree" to Satisfaction and Belonging Questions by Men Working in Cooperative and Non-Cooperative Institutions (%)

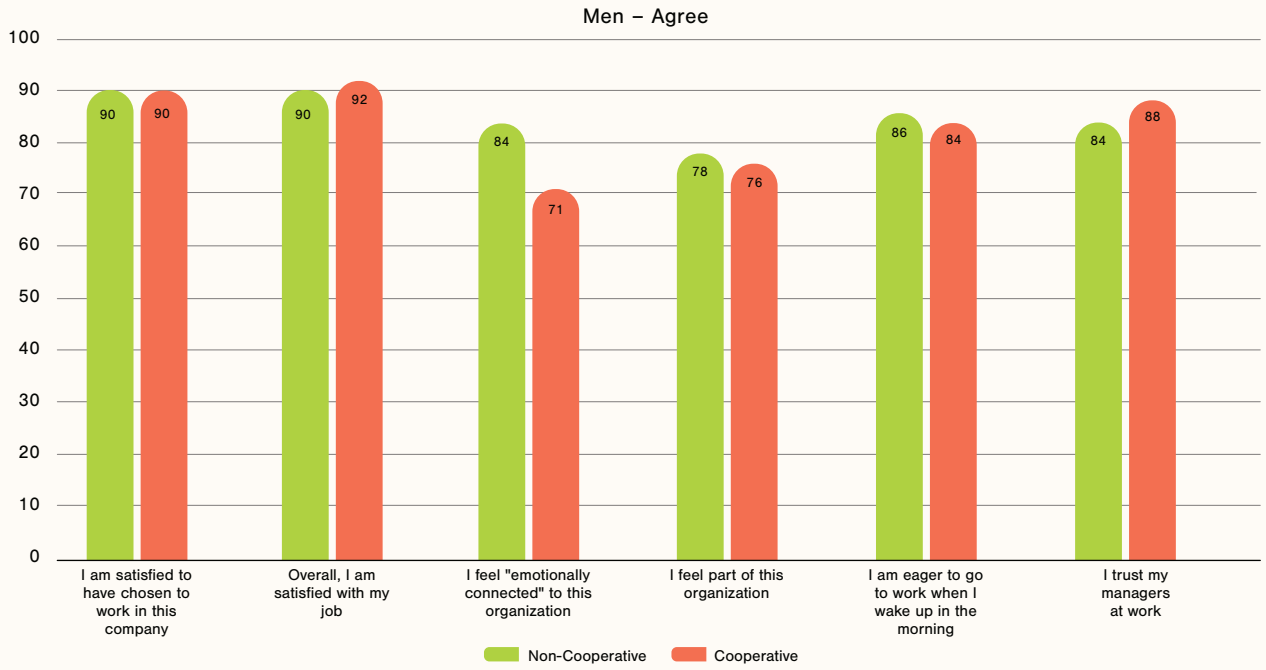
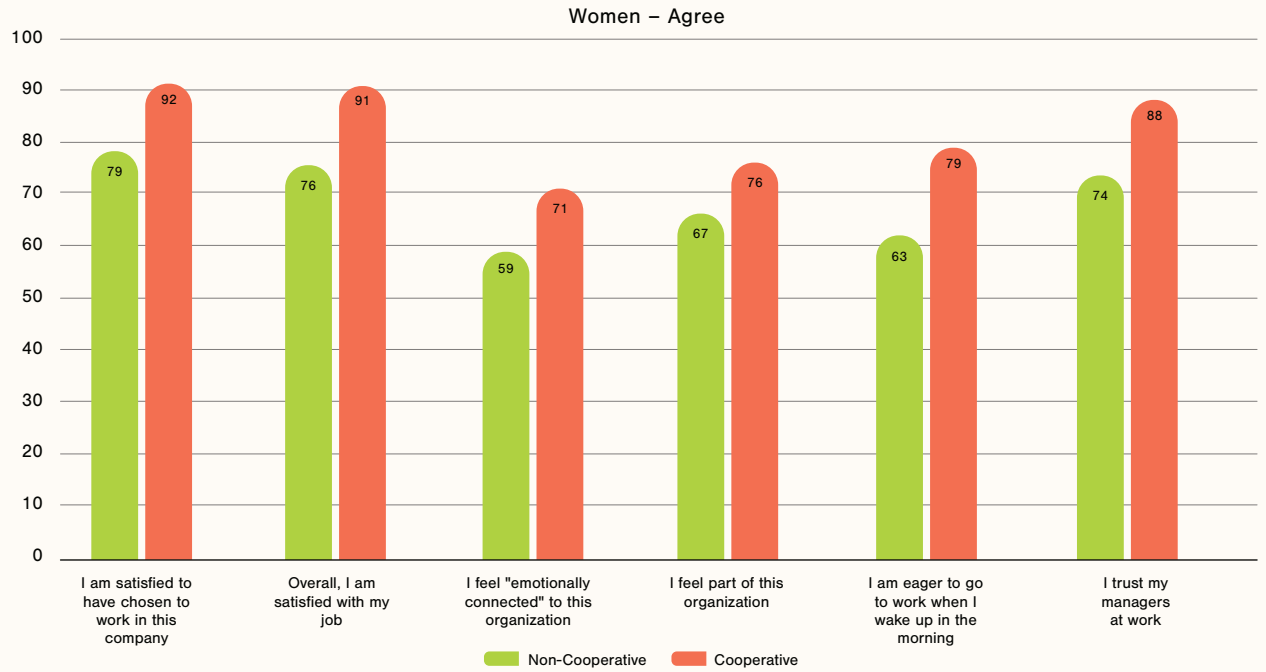


Figure 39 shows the percentages of the answer "agree" for the questions on workplace satisfaction and sense of belonging questions that were provided by women employed by cooperative and non-cooperative institutions. **We can infer that cooperation of the institution on care work and mental load positively affects workplace satisfaction and sense of belonging for women.** In particular, a significant difference of 15 percentage points is seen for the questions "Overall, I am satisfied with my job" and "I am eager to go to work when I wake up in the morning." In the light of these data, it can be argued that seeing the alliance they expect from their employers contributes positively to job satisfaction and sense of belonging for working women.

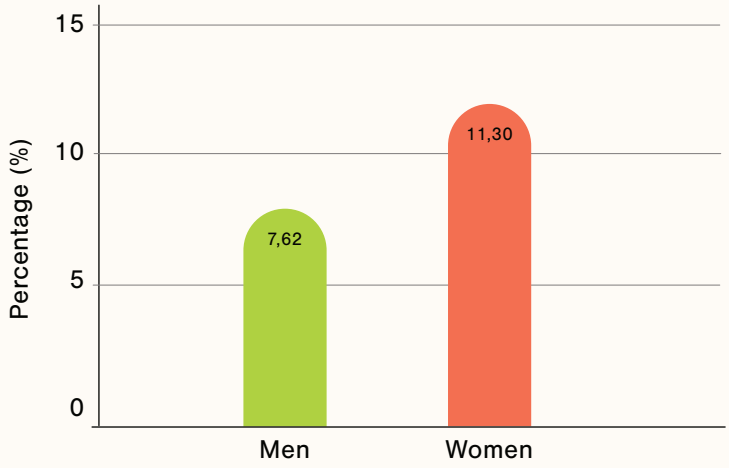
Figure 39: Percentage of the answer "Agree" to Satisfaction and Belonging Questions by Women Working in Cooperative and Non-Cooperative Institutions (%)



c. Rejection of Promotion, Job Separation and Time Poverty

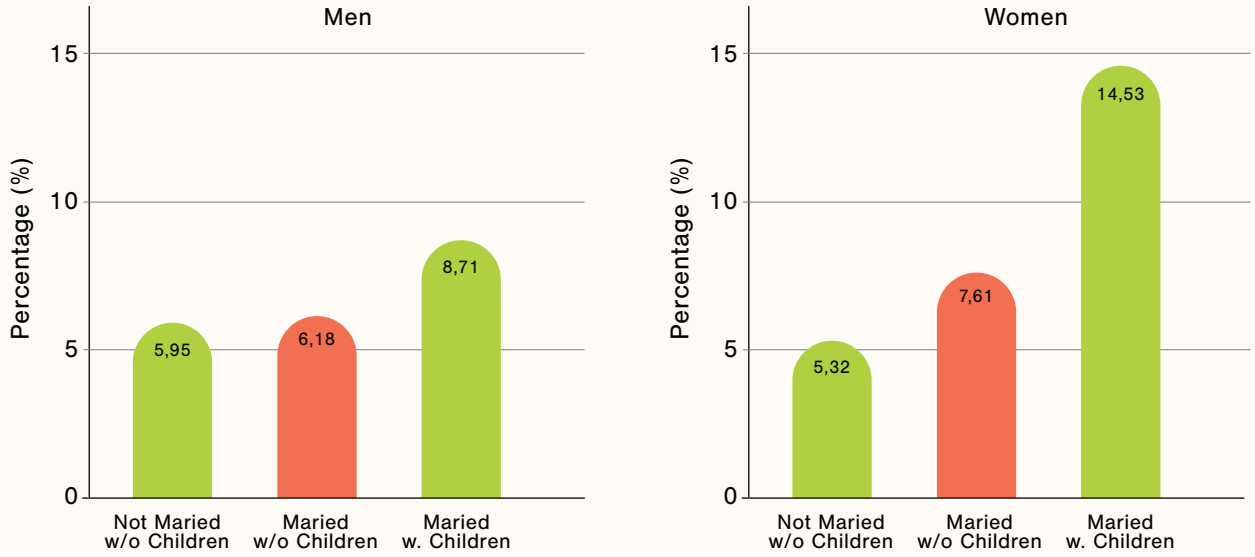
Care work and mental load create changes not only in people's corporate preferences, work motivations or satisfaction-belonging status. They may also affect individual's career advancement in their current job. We therefore asked participants whether they rejected any promotion opportunity for various reasons. In such context, Figure 40 demonstrates the distribution of individuals, by gender, who rejected a previous promotion opportunity because "it would affect the time and effort I devoted to childcare" and "it would affect the time and effort I devoted to home care." We observe that women who refuse promotions due to care work and mental load are 3.68 percentage points higher than men.

Figure 40: Percentage of Promotion Rejection by Gender (%)



It has been discussed in previous chapters that people from different demographics undertake care work and mental load at different percentages. Accordingly, it is crucial to take a close look at marital status and children, which are among strongest reasons for change that affect care work and mental load. As seen in Figure 41, rejection of promotion in men does not exhibit a significant change by marital status. Having children, on its own, is more effective in rejecting promotions due to care work and mental load reasons. In the case of women, the percentage of care work and promotion rejection for single women with no children is similar to those of single men with no children and married men with no children. Married women with no children, on the other hand, have turned down promotions due to care work and mental load reasons at a close percentage with married men with children. The most significant leap in that regard is seen in married women with children. **14.53% of the married women with no children have turned down a promotion due to care work and mental load reasons at least once in their lives. Considering the fact that women in this group have the highest care work and mental load scores, the lack of fair distribution of care work and mental load imposes a glass ceiling effect on career advancement for women. This also hinders institutions' ability to make proper use of the suitable candidates in their talent pools.**

Figure 41: Promotion Rejection Rate by Marital Status and Children (%)



In addition to career slowdown due to care work and mental load, women also have the risk of leaving employment. **As seen in Figure 42, 31% of the female participants of the study stated that they quit their jobs at some point in their lives due to reasons related to care work and mental load.** This percentage is almost half in men, observed at 18%. This data highlights the need for the necessary infrastructure both to include women into employment and to ensure they stay employed.

Figure 42: Resignation Due to Care Work and Mental Load (%)

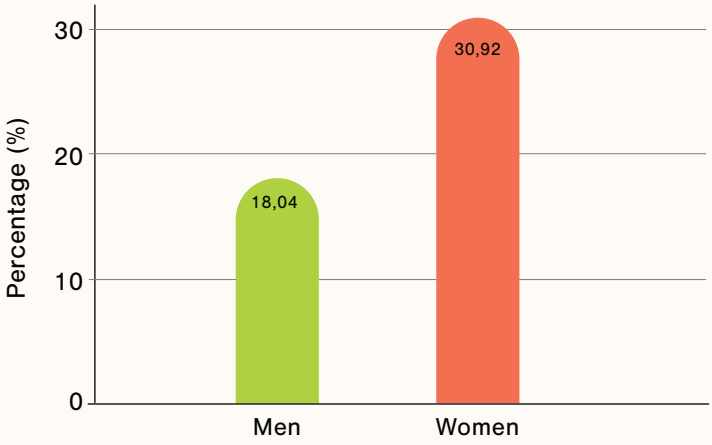
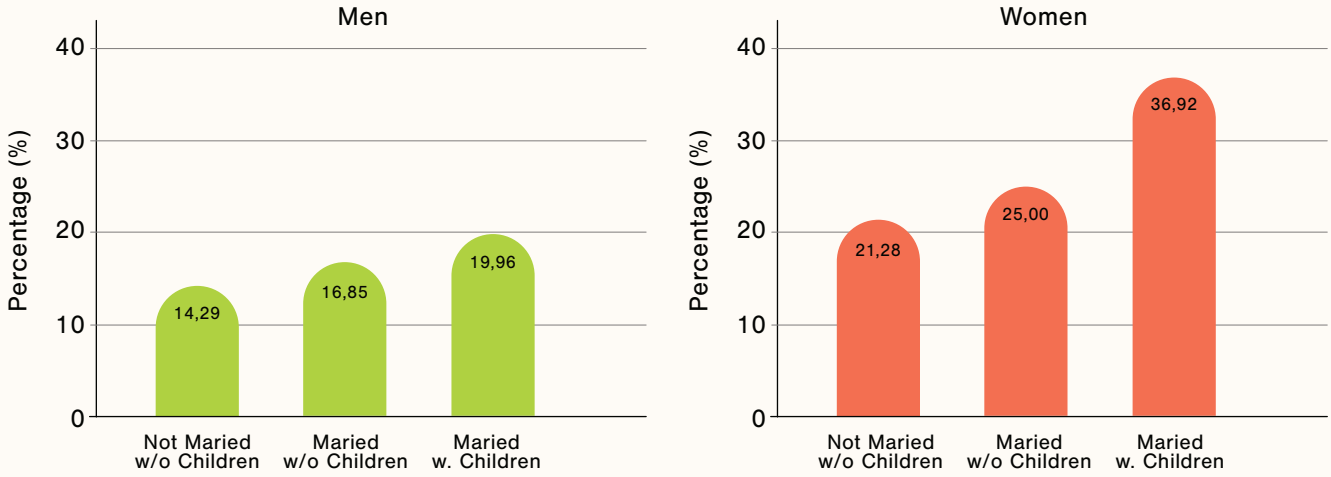


Figure 43 exhibits resignation data analyzed from the marital status and children perspective. Contrary to the case observed in promotion rejection rates, women from every group score higher than men when it comes to resignation. Changing marital status and having children boost resignation rates in both genders. While each level makes a difference of approximately 3 percentage points in men, the married-with-children is the group that should be considered the most in terms of resignation. 37% of the married women with children have been obliged to resign from their jobs at some point in their lives due to reasons related to care work and mental load. Considering that 30% of the individuals who were not included in the labor force in Turkey in 2023 were those who had to attend to housework, and that almost 9 million people who were therefore not included in the labor force were women, according to TurkStat[8] data, the above-mentioned data becomes much more critical.

[8] Türkiye İstatistik Kurumu (TÜİK), İşgücü İstatistikleri, 2023. https://data.tuik.gov.tr/Bulten/Index?p=Isgucu-Istatistikleri-2023-53521

When the case is more closely scrutinized with the consideration that 43% of the total female population not included in the labor force in Turkey state that housework is their excuse for not being employed, we encounter a more serious risk. Women whose employers are non-cooperative with regard to care work and mental load are under the risk of not being able to return to employment after resignation.

Figure 43: Marital and Parenhood Status in Resignation Data (%)



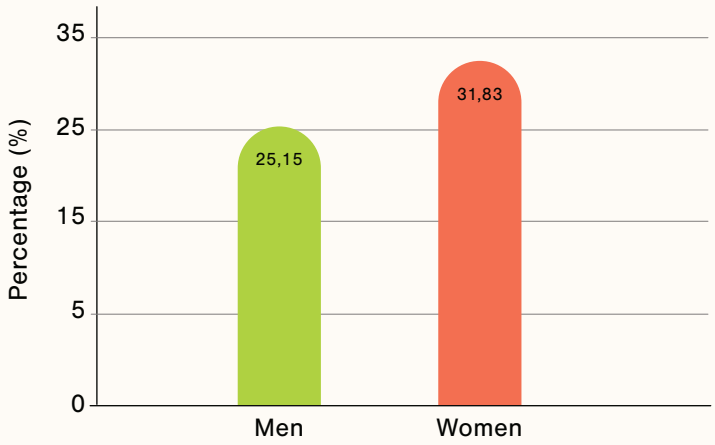
Poverty is addressed in the poverty literature not only in the context of economic income, but also in the context of free time and recreation. The latter case of immaterial poverty is referred to as time poverty.[9] Even if an individual is not considered to be in the status of material poverty, i.e. economic poverty, they may be considered to be in the status of time-poverty due to lack of free time. Working women, in particular, are likely to experience time poverty because of unpaid domestic care work. Another point we analyzed within such context is the reasons for resignation to allocate time for recreation and hobbies, rather than care work and mental load. Accordingly, we asked participants if they ever resigned because “you wanted to spend more time for yourself (e.g. your hobbies)” or “you wanted to spend more time with your family (your children’s hobbies, activities shared with the family),” and we evaluated the responses in the context of time poverty.

Figure 44 depicts the distribution of individuals resigning from work due to time poverty. The graph clearly indicates that women not only resign for care work purposes, but also their percentage of resignation due to the need for free time is higher than that of men. Individuals may quit working in order to create more free time for themselves. Considering the fact that women undertake a major part of the care work and mental load processes, especially in households, we can evaluate these resignations in the context of time poverty. However, it should not be overlooked that resigning due to time poverty can also lead to economic poverty.

[9] Gökmen, Ç. E. (2017). Toplumsal cinsiyet ve zaman yoksulluğu: Hane içi ücretli ve ücretsiz emek sunumu. Çalışma ve Toplum, 4(55), 1953-1988.

In other words, **unfair distribution of care work and mental load within households results in time poverty for working women. Lack of fairer distribution of care work and mental load in order to eliminate time poverty may cause women to resign from their current jobs. This, in turn, paves the way for economic poverty. Thus, fair distribution of care work and mental load is a much broader topic.** When we include not only care-work-related resignations but also time-poverty-related resignations into the scope of the discussion, we can argue the problem concerns a much larger group.

Figure 44: Resignation Due to Time Poverty (%)



d. Psychological Well-Being

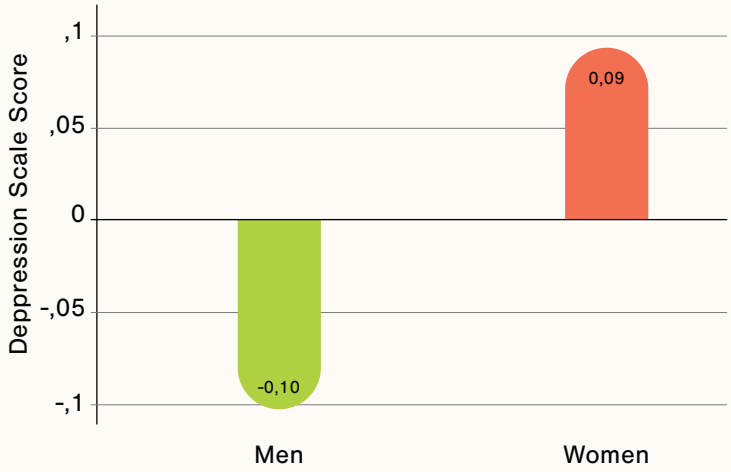
So far, we have analyzed how individuals and institutions are affected by unfair sharing of care work and mental load in the context of relations with the workplace. In this context, the final issue we examined was how individuals' well-being was directly affected. Although it does not seem to be directly related to work, it is crucial to closely analyze individuals' psychological well-being, considering that their well-being would directly affect their work performance, satisfaction and sense of belonging.

In order to measure the psychological well-being of people, we asked certain questions that would allow us to calculate a depression score. The depression score was calculated through factor analysis using the Never / Several Times a Year/ Every Month / Every Week / Every Day responses given to the questions listed below. Negative results indicate feeling depressed less frequently than average, while positive results indicate feeling depressed more frequently than average. An increase in the absolute value of the negative scores represents a decrease in the frequency of feeling depressed, and an increase in the absolute value of the positive scores means an increase in the frequency of feeling depressed.

- I feel very anxious, nervous or worried
- I feel very sad
- I feel depressed
- I have very little interest in or get very little pleasure from doing things.

First, we calculated the depression scores for all participants according to gender, in order to serve as a source for calculations focused on care work and mental load. Figure 45 shows the depression score distributions of the participants by gender. Based on this figure, we can conclude that female participants have a relatively higher depression score.

Figure 45: Depression Scores by Gender

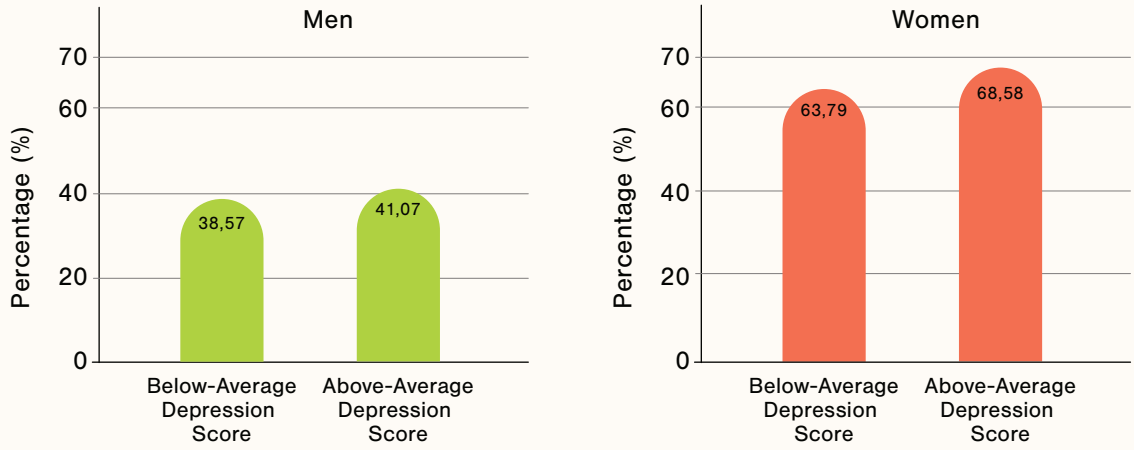


The second aspect we examined, which serves as a basis for understanding the relationship between care work, mental workload, and depression scores, was the individuals' marital status and parenthood status. Figure 46 reveals that the depression scores of men further decline from the married-with-children state to single-without-children state, while women's married-with-children score is relatively higher than the other groups. It is crucial to keep in mind that married women with children, in particular, have higher care work and mental load than all other groups.

Figure 46: Gender and Marital Status - Depression Scores by Parenthood Status

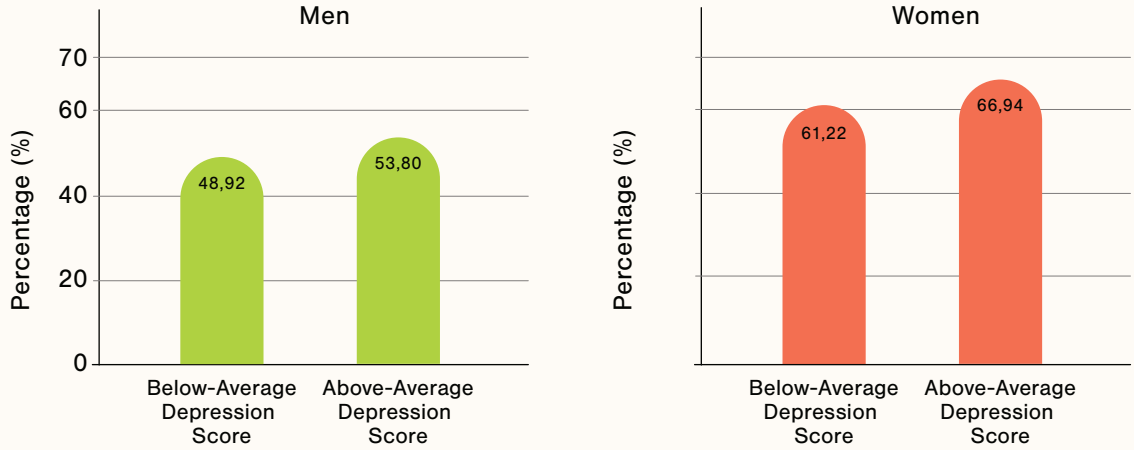
Our first calculation regarding care work and mental load was perceived care work and perceived mental load for men and women who declared scores that were below and above the average depression score. Depression scores below and above the mean were calculated based on the median depression score for each gender. Details of these scores can be seen in Figure 47 and Figure 48. While no significant change was observed in men in terms of perceived care work, it was observed that women who reported a higher depression score than average had 5 percentage points higher perceived care work score than other women.

Figure 47: Perceived Care Work by Depression Score and Gender (%)



When perceived mental load is concerned, we can argue that men and women who report higher depression scores than average perceive more mental load than their fellows. The impact of an often invisible concept like mental load becomes more tangible when we observe changes in psychological well-being.

Figure 48: Perceived Mental Load by Depression Score and Gender (%)



When the same analysis is conducted for actual care work and mental load, as seen in Figures 49 and 50, almost no difference is observed among participants who declare depression scores above and below average. Based on this finding, one can argue that the impact on psychological well-being is greater regardless of whether or not perceived care work and mental load occur at the same level. It becomes particularly more important that a clear difference exists between perceived and actual care work and mental load scores. The analyses in the previous sections had revealed that perceived care work and mental load are higher for both genders than actual figures. Thus, it would be incomplete to limit the analysis of care work and mental load to solely actual scores. To better understand individuals' perceived care work and mental load—and to protect their psychological well-being—it is essential to take initiatives that support this area.

Figure 49: Actual Care Work by Depression Score and Gender (%)

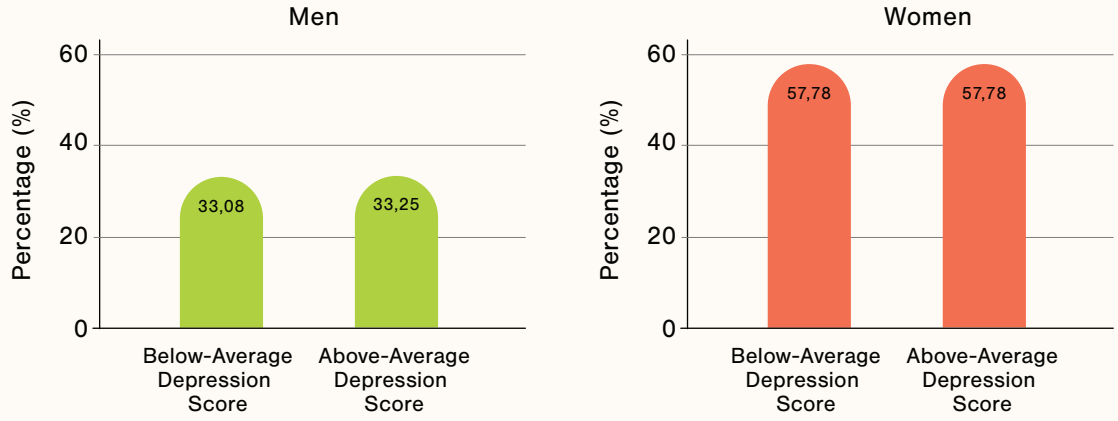
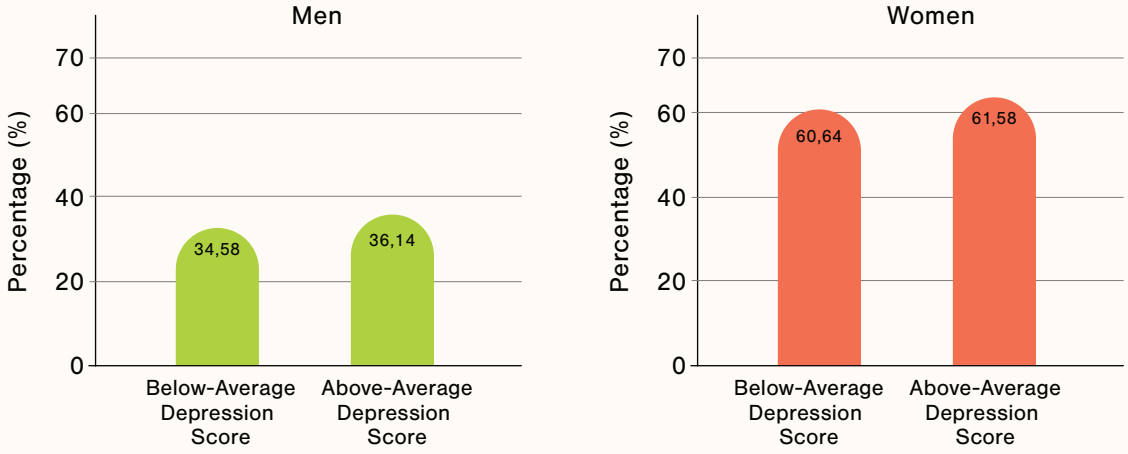


Figure 50: Mental Load by Depression Score and Gender (%)



In order to understand the relationship of care work and mental load with psychological well-being, we also analyzed the average depression scores of participants who reported below- and above-average care work and mental load scores. Below- and above-average care work and mental load scores were calculated based on the median care work and mental load for each gender. Figure 51 and Figure 52, which depict perceived care work and mental load, indicate that men have much lower depression scores, compared to other men, when they perceive below-average care work and mental load. It should be noted that both groups already has negative depression scores and that their care work and mental load perceptions are, on average, lower than those of women. On the other hand, higher depression scores are observed for women who perceive above-average care work and mental load. It is observed that women who experience below-average care work and mental load get a lower score (even a negative score) than the overall average depression score. However, this score is still higher than the depression score reported by men for below-average perceived care work and mental load scores. This can be attributed to the fact that women's average perceived care work and mental load scores are much higher than those of men.

Figure 51: Depression Scores by Perceived Care Work and Gender

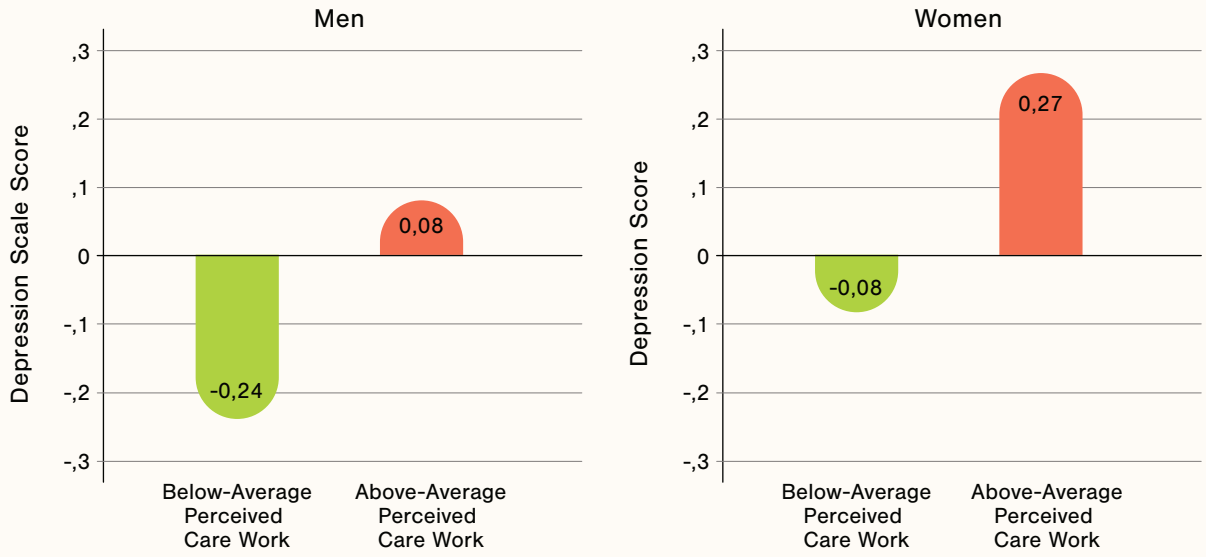


Figure 52: Depression Scores by Perceived Mental Load and Gender

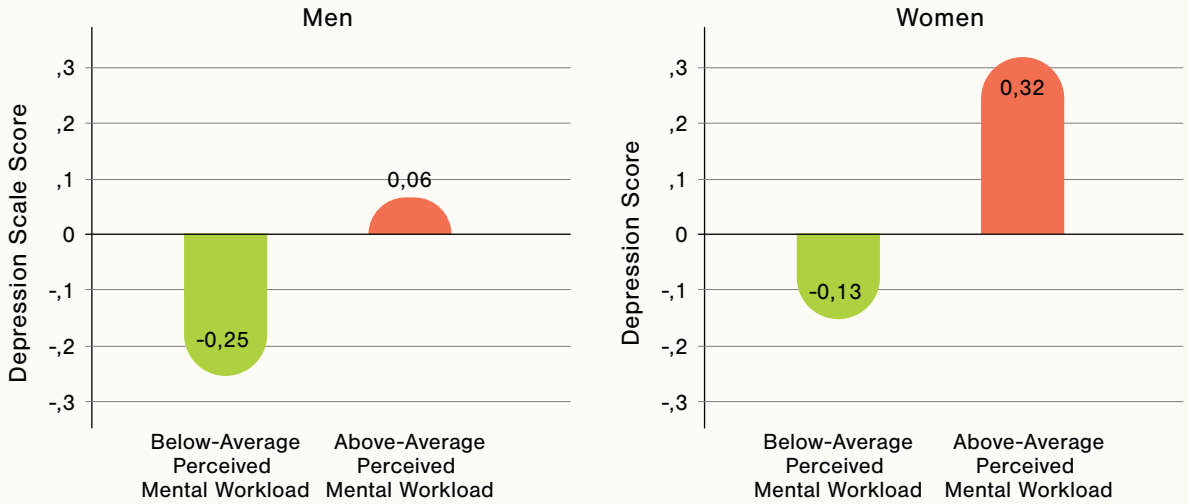


Figure 53 and Figure 54 represent the average depression scores for individuals who reported actual care work and mental load scores below and above average, broken down by gender. As is the case for the perceived scores, we see again that men have negative scores while women report positive depression scores in both cases. However, this time, less difference is observed between the depression scores of participants in below- and above-average groups for each gender, in contrast to the case in perceived care work and mental load. This reinforces our opinion that perceived care work and mental load have a stronger impact on psychological well-being.

Figure 53: Depression Scores by Actual Care Work and Gender

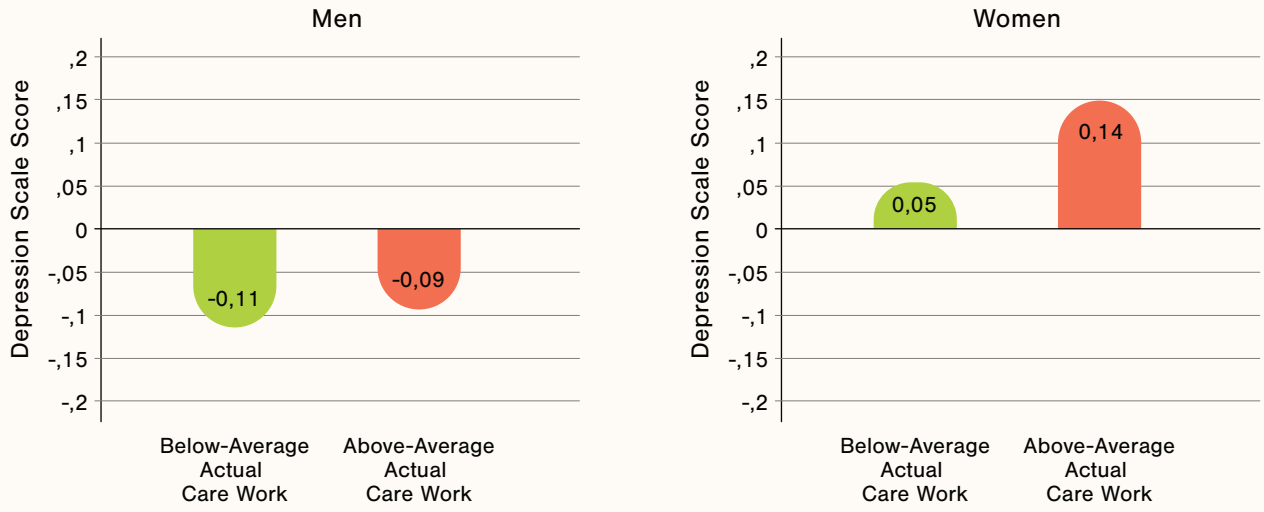
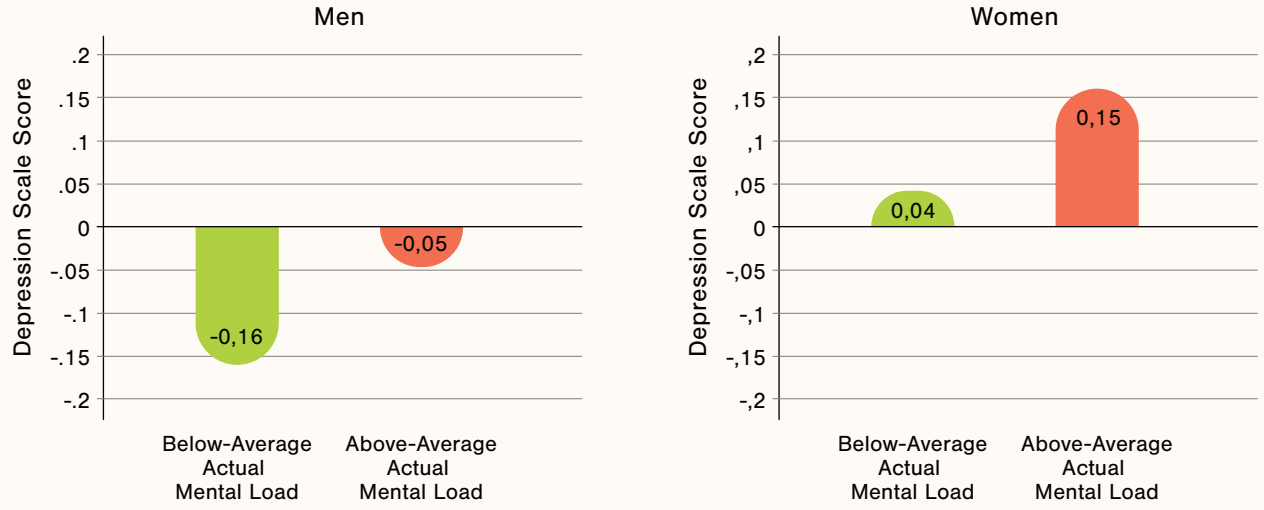


Figure 54: Depression Scores by Actual Mental Load and Gender



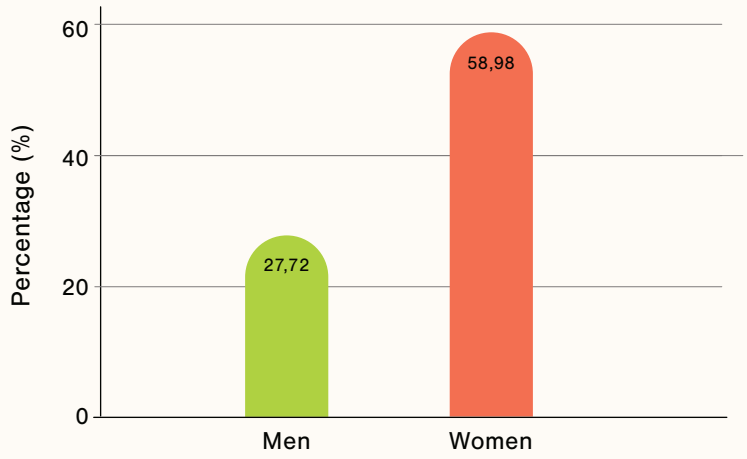
e. Partners' Demand for Fair Division of Labor

We have observed that care work and mental load impact both institutions and individuals in many aspects, primarily their psychological well-being. However, inside the household is among the primary areas we should focus in order to solve the core problem of unfair distribution of care work and mental load. A potential initial step toward solution can be people discussing the issue with their partners, especially for fair division of responsibility, and to redistribute the workload. However, the existing unfairness in distribution of responsibilities reveals the failure to take such a basic step. We asked various questions to the participants in order to understand the root problems here, as well as the dynamics within households.

In the first phase of the research, we asked participants whether they believed that "domestic responsibilities are unfairly distributed against them." As response to this question, **31% of female participants and a mere 4% of male participants stated that they believed the responsibilities were unfairly distributed.** Especially when this data is analyzed in conjunction with the current perceived and actual care work and mental load distributions, one can infer that people have a misconception about whether the processes in their homes are fair or not.

Based on the question in the first phase, participants were asked in the second phase, "Do you seek your partner's support for housework?" As seen in Figure 55, that provides details of the answers to the above question, 58.98% of the female participants seek support in domestic duties. The questions in this section were deliberately asked following the questions on care work, through the concept of "housework," and using the expression "seeking support." Although domestic care work and mental load should, by principle, not be in the form of processes where responsibilities are assumed by one partner and supported by the other, phase one data pictured a current overall perception that is closer to this. Therefore, the questions in this section were phrased in the above framework with the aim of understanding the current situation.

Figure 55: Seeking Support for Housework - Current Situation (%)



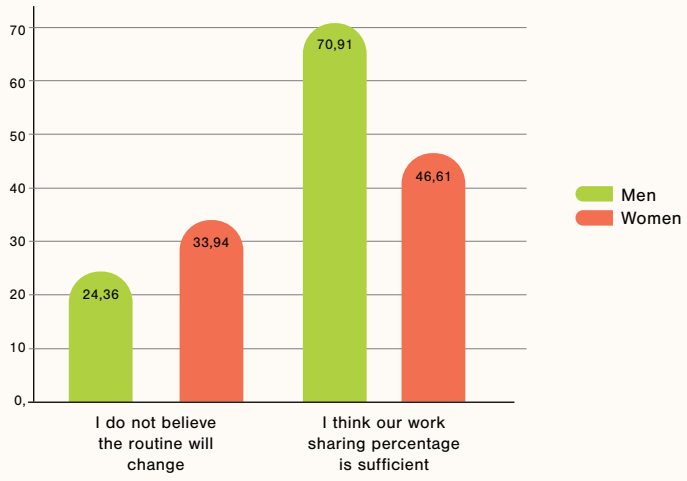
While the fact that 58.98% of women seek support in care work (in other words, open channels of communication with their partner for a more equitable sharing) is a significant finding, we believe it is equally important to understand why the remaining 41% do not involve their partner in these processes. Likewise, within the scope of the same question, we tried to comprehend the perspective of the men who did not seek support, the percentage of which was as high as 72%. Therefore, participants who did not seek support were provided the following reasons and asked to mark all that apply.

- I do not believe the routine will change.
- I think our work-sharing percentage is sufficient.
- I fear that it will create conflict/tension.
- I do not believe that may partner can handle these responsibilities due to personal competence (e.g. he/she does not know how to cook or repair).
- I do not think he/she can handle these responsibilities due to their gender (e.g. he cannot cook because he is a man, or she cannot repair because she is a woman).
- I believe these tasks are already my responsibility
- I believe he/she underestimates caring responsibilities.
- I believe his/her job/career is more important than mine.
- I think he/she deliberately performs poorly on these responsibilities, so I do not want to give him/her responsibility anymore.
- I do not care anymore.

Since selection of multiple answers was allowed for this question, each reason emerged at different frequencies. Within such context, distribution of the relevant items in the three groups according to response frequency is presented in Figure 56, Figure 57 and Figure 58.

"I think our work sharing percentage is sufficient" was the most common reason for not seeking support. Marked especially by a large majority of the men, when we consider this response in conjunction with the current work sharing scores, we can argue that the problem of experiencing misperception about tasks, which we have previously explained, is further accentuated. This option being the most frequently-marked item also for women points to a similar conclusion. The second most common reason for not seeking support was the "I do not believe the routine will change." In particular, 33.94% of the women who do not seek support has marked this option, which can be explained by the fact that the existing problems have become chronic and gender inequalities persist. Women's expectations from institutions regarding initiatives that increase awareness on housework can also be interpreted as a quest to change the status quo.

Figure 56: Reasons for Not Seeking Support - Group 1 Responses (%)

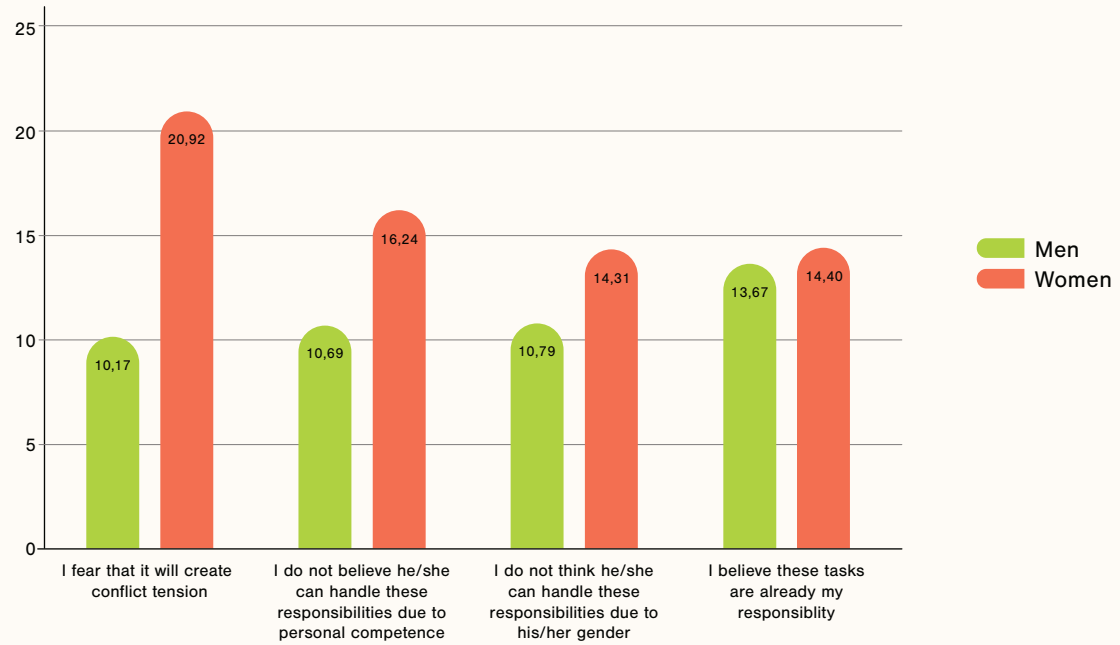


The third most common reason for not seeking support was "I fear that it will create conflict/tension" for female participants, whereas "I do not believe that these are my responsibilities" was the third most popular answer for men. The second and third most frequently cited reasons for women can be interpreted in conjunction. Their lack of hope that the routines would change may be due to past conflict-tension situations they had encountered in their past attempts to change it. However, the fact that men do not perceive these tasks as a responsibility may increase the likelihood of such tension. This particularly highlights an urgent need for means to discuss these issues without conflict-tension, encouragement of open communication, elimination of existing misperceptions and sharing of all work and burden in a concrete and fair manner.

Incompetence of the person to be called for support stands out as reasons number four and five. Individuals may have the tendency to act as if they are unable to perform certain tasks or claim that they are incompetent due to their gender, in order to avoid a task considered as care work and mental load. However, since the tasks in question involve certain basic skills that are necessary for people to survive, such incompetence may be due to two reasons. **An individual may have been kept away from certain tasks due to gender-based norms and therefore may have been unable to acquire the necessary skills (such as car care for women, cooking for men). However, since such skills can be acquired at later ages, emphasizing incompetence instead of trying to gain a skill causes inequalities to be reinforced and to persist. In particular, wide acceptance of gender-based norms by the society at large makes it easier to accept the status quo instead of questioning it. Thus, care work and mental load related inequalities persist.**

On the other hand, people may be deliberately acting as if they are incompetent in certain areas or may be intentionally avoiding to make efforts to improve on the areas they are incompetent. The above-mentioned condition, also referred to as weaponized incompetence, may also be used as a tool for the persistence of existing norms and inequalities. Instead of sharing the work fairly, people may intentionally act as if they are incompetent for that certain task, and their partners may have accepted such incompetence and reported it as the fourth and fifth reasons in this research.

Figure 57: Reasons for Not Seeking Support - Group 2 Responses (%)



The fact that “I do not care anymore,” a relatively less frequent answer, was provided mostly by women is another matter that should be taken into consideration. Together with those who think that the routine would not change, these participants may have stopped caring about the matter. **Based on our discussion of the facet of care work and mental load that threatens psychological well-being, we can infer that the behavior of “no longer caring” is among escape routes to maintain psychological well-being.**

Figure 58: Reasons for Not Seeking Support - Group 3 Responses (%)

This section included another question for participants who frequently sought support, aimed to find out how they feel. As seen in the detailed breakdown in Figure 59, people feel various kinds of things when they seek support in order to more fairly share care work in the household. Women often feel tired, unhappy, nervous, and sad, particularly when they frequently have to seek support. Based on this, we can argue that when care work and mental load are unfairly distributed, those who are treated unfairly incur a cost for attempting to mobilize others. **Considering the fact that seeking support is a mental load by itself, fair sharing of care work and mental load within households and the follow-up thereof should not be burdened on a single individual. Otherwise, the emotional burden and mental load it would create would persist.**

Figure 59: Emotions of Participants Seeking Support (%)

5. How To #YükOlmasın?

The research aimed to shed light on how care work and mental load are shared in households of white-collar employees, who mostly undertook such tasks and burdens based on various demographic characteristics, and how institutions and individuals are affected by unfair distribution of care work and mental load. In this report, we shared a significant part of the outcomes of the research, from the perspective of what should not become a burden. In this section, we will present our suggestions, based on previously analyzed data on how aforementioned tasks and loads should not become a burden for individuals. Accordingly, we will first focus on what individuals can do, and then explain the roles that institutions may assume in the process.

a. What Individuals Can Do

Initial direct effects of the consequences of care work and mental load are seen on the subjects of the event. Thus, if we envision a transformation regarding fair distribution of care work and mental load, certain transformations should first be triggered at a personal level. Within such context, our suggestions can be listed as follows:

- *Try to understand the care work and mental load you undertake*

We have observed discrepancies in individuals' perceived and actual care work and mental load scores. However, we have also seen that there may be problems in properly observing the total amount of work performed in the household. Similarly, people who do not think that division of labor in their households is unfairly distributed against them may have in fact gotten used to the situation and accepted that it is natural as part of gender norms. The fact that people have accepted this situation does not, unfortunately, exempt them from the consequences that arise when care work and mental load are not distributed fairly. In particular, implicit consequences may arise, such as increased time poverty and impaired psychological well-being. Therefore, individuals can first make sense of what they are experiencing, then take actions to minimize the consequences that do or may arise depending on the situation.

As an initial step toward fair distribution of care work and mental load, it is important for individuals to comprehensively reflect on and analyze their own care work and mental load responsibilities, and consider what matters they can share. Although the responsibility of fair distribution of care work and mental load should not fall upon those who are victims of unfair distribution, individuals can take this initial step to comprehend what they are experiencing. At this stage, you can take the care work and mental load test offered on the #YükOlmasın website, and compare your own results with the findings of this research.

- *Try to understand the care and mental load of people sharing your household*

If you share your household with one or more people, care work and mental load responsibilities in the household increase with each new person. However, such pool of shared care work and mental load is sometimes shared in an unspoken manner. The percentage of responsibilities per person and whether such percentages are fair may vary depending on the structure of both the household and the tasks. It is therefore important that people accurately perceive their own the care work and mental load, but also that needed and undertaken by the people they share the household with.

As such, understanding each existing work item and the contribution of others to these tasks would be a good head-start in the direction of fair sharing of total care work and mental load.

Other analyses presented in Appendix 2 also reveal that men's level of contribution to care work and mental load increases with their empathy skills, also resulting in a reduction in the difference between perceived and actual load. Consequently, the difference between men and their partners decline in terms of both care work and mental load. Therefore, individuals should observe their own responsibilities as well as those of others, empathize with them, and roadmaps should be created based on the entirety of such observations. Misperceptions can be experienced and communication channels can be blocked in cases where individuals focus solely on their own responsibilities.

- *Prefer open communication and do not hesitate to talk about care work*

Open communication is the third but most important step that can be taken for fair distribution of care work and mental load, once the first two steps are achieved. Concrete data and observations from the first step would be a crucial resource for this phase. Information thereby obtained would facilitate proper determination of the total responsibilities in the household, as well as revelation of the current level of sharing. Accordingly, sharing of said information through open communication and requesting of equal sharing would ensure an efficient process.

Rather than blaming each other for the status quo, individuals should share their observations and feelings, as well as their feelings such as pressure, stress, anxiety and etc., which would provide a solid starting point for a more constructive process. Eventually, invisible burdens can be made visible, negative effects caused by tasks that do not seem like a big burden can be more accurately explained to other people. Otherwise, if people keep all these feelings and emotions within themselves, the misperception would persist that the task is spontaneously done without effort.

It would facilitate transformation for everyone to start discussing those responsibilities that people consider natural as part of gender norms and therefore feel obliged to fulfill without objection. Open communication is the most effective way to eliminate, in particular, individuals' misperception regarding their own responsibilities as well as those assumed by the other people in the household.

Such communication doesn't have to be a one-time process. Taking steps in multiple rounds and in a slow but truly transformative fashion is part of the process. Once the transformation is completed, the new state could very easily revert back to the previous state. Therefore, setting smaller transformation goals instead of aiming for a big change in one giant step, following up said goals via open communication, and regular conversations where only this particular matter is discussed would produce more efficient results. This would facilitate progress monitoring and enable interventions to any deviations in the progress.

Here, it would be beneficial to highlight a previous remark once again. **The responsibility for fair distribution of care work and mental load should not fall upon those who are victims of an unfair distribution.** Expecting them to take further responsibilities to correct the injustice is unjust in itself. Therefore, this should be clearly noted when starting an open communication, and it should be emphasized that the responsibility lies with the people who are least affected by the unfair distribution.

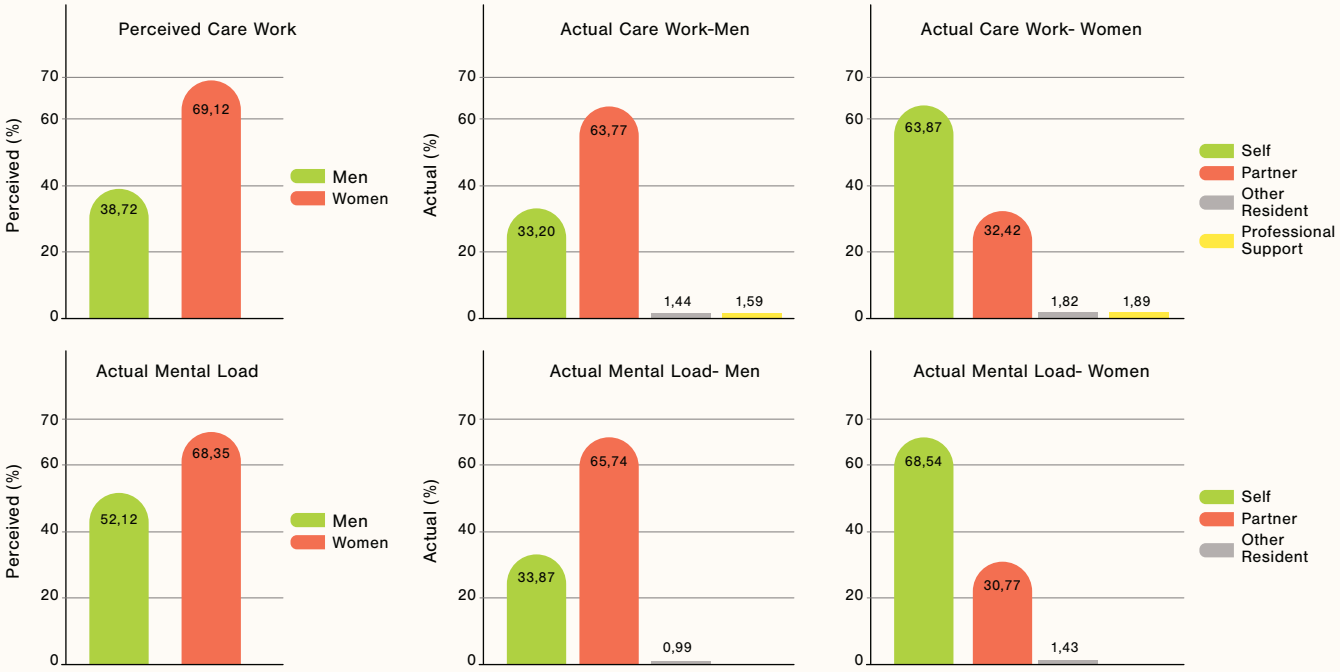
• *Use a variety of tools to prevent anxiety about fair distribution of care work and mental load from transforming into a new mental load*

Once open communication channels are opened to ensure fairer distribution of care work and mental load, frequent monitoring of progress and transformation would ensure the continuation of the process. It would be beneficial to establish a follow-up mechanism in order to refrain from returning to old habits, to be able to see the total amount of responsibilities in the household, and to comprehend the responsibilities that people assume. By utilizing the tool we offer on the #NoBurden website, you can conveniently follow up the current situation in your household at certain intervals.

Answers provided for the questions created using said tool were compared among a total of 212 individuals who lived as partners in 106 households. The goal was to understand whether such a tool would be useful for people to observe, on their own, the responsibilities undertaken by others sharing the household with them. As seen in Figure 60, couples who answer the questions generated by the tool are able to successfully predict their partners' actual care effort and mental load scores. The graphs in the second column were generated based on the responses of men in these households, while the graphs in the third column were created based on the responses of women. Perceived care work and mental load calculations in the first column were based on the scores reported by the participants. It is worth noting that the data in the second and third columns are very close.

Individuals can periodically use this tool to see the responsibilities undertaken by their partners and themselves, without specifying the partner. This would enable everyone to independently follow up their own development. This tool, offered via #NoBurden, can be printed out or rearranged based on the current pool of responsibilities in households. Encouragement of the use of such customized tools in households would create an awareness in individuals who share a household, while making it easier to follow the progress of the steps taken for transformation.

Figure 60: Perceived and Actual Care Work of Partners Sharing the Same Household (Female/Male) (%)



Household residents who desire a closer and more systematic follow up can use mobile parenting mobile applications that can be used via mobile phones. Such applications, generally used to involve children in household chores, would create an instant tracking system when used by the whole household. Domestic care work and mental load processes recorded in these applications and responsibilities can be distributed among residents. Application features, such as reminders, would facilitate the fulfillment of responsibilities. Such applications would also reduce the total mental load in the household to a certain extent, since the application, not individuals, would follow up whether the mandatory steps, that are prerequisites for many care tasks, have been taken.

b. What Institutions Can Do

As we have frequently mentioned before, care work and mental load are not solely a paradox that concerns the households in which they occur, but also involve institutions by way of the effects they create. Unfair distribution of care work and mental load processes, which are a social need, eventually has direct impacts on institutions. This reason alone hinders institutions' ability to access a very important talent pool; cause them to experience losses in the talent pool they can access; and fail to efficiently utilize the pools at hand due to reasons such as motivation, sense of belonging and satisfaction. In other words, domestic care work and mental load does not, under any circumstance, remain within household boundaries. Thus, organizations need to examine care work and mental load much more closely and take steps to maintain employee well-being. We discussed in previous chapters that such demand is especially valued by female employees and that any steps taken have direct positive effects on motivation. Within such context, our suggestions can be listed as follows:

• *Understand your employees' care work and mental load responsibilities and provide support via internal policies and practices*

As mentioned in the section on the cost of care work and mental load, in addition to the fact that such responsibilities also have a cost to employers, working women, in particular, have a demand for alliance from their employers. The existence of steps being taken to create awareness on care work and mental load has positive effects on employee motivation, as do many other policies focusing on care work and mental load.

Current institutional policies on care work and mental load may often be focused on matters such as child care. However, as the research findings also suggest, care work and mental load are much broader concepts. Therefore, policies focused on care work and mental load are a topic that concerns not only married employees with children, but all employees, including those who are single, living with a partner, living with family, married, with and without children. Unfortunately, as long as institutions fail to include this issue comprehensively into their agendas or consider it as individual events in households, they would fail to avoid current and potential future costs. Development of policies that focus on care work and mental load is crucial for both reduction of the above-mentioned cost and reinforcement of employee satisfaction, sense of belonging, commitment, and productivity. Such policies can be developed, monitored and reported within the scope of social sustainability policies, and long-term and holistic studies can be carried out in order to increase the efficiency thereof.

Below is a non-exhaustive list of the policies that can be developed within such context:

- → Adopt being care work and mental load friendly as a corporate culture. Your employees should see you as a cooperative institution on this matter. Conduct the necessary internal communication to such effect.

- → Employees may need to take time off because of care work and mental load. Annual leaves are periods that should be used by employees for the purpose of self-refreshing, recharging and calming. Accordingly, institutions should rather define leaves specific to cases where such responsibilities extend to work life, rather than forcing employees to take annual leave for care work and mental load.

- → There might be employees who would rather receive professional support than share care work and mental load. In such cases, enter into various arrangements with institutions that provide such services professionally, so that your employees have access to reliable professional support networks at affordable costs.

- → Review your current care work and mental load policies. Enable your male employees to benefit from existing rights as well as your female employees in matters such as childcare. As clearly pointed out in this study, men need to take on more responsibility for care work and mental load. Keeping additional support for care work and mental load exclusive to women would further reinforce the societal norm that “women are caregivers” and provide no contribution to a solution. Instead, the necessary infrastructure, incentives, and support mechanisms must be established to encourage men share care work and mental load.

- → Care work and mental load emerge in various ways in different households. Conduct frequent in-house research studies to understand how your employees experience these processes. Develop new policies on your employees’ areas of need, based on the outcomes.

- → Be inclusive in care work and mental load policies. Make sure that such policies are not limited to childcare. Include a variety of family, relationship, and household-sharing formats. For example, an employee’s care work and mental load may increase for a certain period of time due to the illness of his/her housemate, and he/she may need various resources, especially time. Moreover, one may need to make frequent veterinary visits because his/her pet’s health condition. Everyone should have access to support opportunities, especially issues such as patient accompaniment leave. Otherwise, care effort and mental load supports limited to a single group may be viewed by other groups as discrimination. Hence, synchronize care work and mental load with your diversity and inclusion agenda.

- → Include temporary flexible working arrangements into your agenda. This way, people would know that they have alternative solutions for their needs related to care work and mental load. This would prevent employees from resigning, and also turn into a step for the prevention of time poverty from turning into economic poverty.

→ Develop a “Care Period Action Plan.” People’s care work and mental load may increase for unexpected reasons (e.g. birth, death, illness, disability, etc.). Management of such processes can initially be a challenge for individuals. Therefore, preparation of a “Care Period Action Plan“ would make it easier for your employees to take swift action in any such case. Prepare roadmaps for quick reduction of employees’ burdens, proper redistribution of existing tasks, and facilitation of employees’ adaptation to work again when their involuntary care period is over. These action plans would enable many of your employees, especially at the executive level, to manage such processes more soundly. It would additionally minimize the impact of such urgent game-plan changes in the institution, thereby minimizing resignations.

• *Take steps to raise employee awareness on care work and mental load*

Organizations may reinforce their existing policies or create awareness among employees. Developing open-communication-oriented solutions in employees’ households of employees would reduce costs related to care work and mental load for both employees and institutions. Therefore, institutions can carry out open-communication-oriented awareness activities internally. Such activities can be in the form of training programs, or peer groups can be established occasionally, where employees can share common experiences. Groups to be established in collaboration with various professional experts to manage the costs for employees, especially in terms of psychological well-being, would be a good start for people to make sense of their experience. Such awareness-raising activities, that would encourage people to take action, can provide various roadmaps for employees. Considering in particular that household residents want to avoid dispute and tension, activities that support development of open communication skills would prove functional for employees. Development of open communication skills would be an important tool for employees to manage and share their own tasks within the organization. However, the most critical point here is to make sure that supporting internal policies are implemented prior to raising awareness in employees.

• *Empower managers on care work and mental load*

We have discussed in previous chapters that care work and mental load perceptions differ between people in managerial positions and those in non-managerial positions. Considering the increasing corporate responsibilities as people rise to managerial positions, such differentiation in perception can be seen as normal. However, it is also very likely that these employees may experience a decline in terms of awareness on the effects of care work and mental load on people, since the number of work items they have to manage goes up.

We have already argued that whether an institution is cooperative or not regarding care work and mental load has significant effects on employee motivation. As such, it is important for both managers and institutions to be cooperative. If the defined policies in the institution can be changed against the employees with managers’ initiative, employees may eventually still consider their employers as non-cooperative. It is therefore critical for boosting employee motivation that managers are empowered in terms of care work and mental load. In particular, managers who have the skill to properly assess the care work and mental load of their employees and make the necessary arrangements would be able to take highly-effective steps to reduce the cost of care work and mental load on institutions.

- *Establish inter-enterprise initiatives and expand your sphere of influence*

Care work and mental load is not an issue that affects only a minor part of the society, but one that impacts all individuals. People would experience various needs for care work and mental load as their lives go on. Due to prevailing gender norms, such needs are mostly fulfilled by women. Unfortunately, this causes women to be forced out of employment, their psychological well-being to be impaired, their motivation to be negatively affected and various opportunities to be missed. Therefore, collective actions are needed to change and transform this systematic injustice and inequality.
In the simplest term, if every individual in the society is needs to feed every day and thus create a need for care work, undertaking the entirety of such care work and mental load should also be the agenda of all members of the society. Accordingly, institutions can act jointly to raise awareness on this issue and encourage transformation, because, as research findings also suggest, the cost of care work and mental load is not limited only to people in the households but there is also a cost for institutions.

Currently, institutions may not be aware that they are paying such cost. Yet, they may realize said cost and redirect the related resources (e.g. the cost of re-recruitment resulting from the resignation of a talent because of care work and mental load) to raising awareness and triggering transformation. Cooperation mechanisms to be established between institutions in this topic, which affect all members of the society, would enable institutions to share experience to strengthen their employees and to join forces to establish solution mechanisms in such regard.

Institutions may not be able to directly reach their employees' partners, yet a collective action to be established in the aforementioned manner would present institutions with the opportunity to also reach their employees' partners and lead the transformation. Organizations should therefore include this topic into their social sustainability agenda, thereby becoming a part of the solution by collaborating around the common denominator and involving experts in the area.

6. Appendices

Appendix 1 - Care Work and Mental Load Lists

a. Care Work List

1. Meeting the needs of family elders (calling, shopping, doctor visits, medication, etc.)
2. Car maintenance (Gas, washing, inspection and repair, etc.)
3. Performing simple repair tasks
4. Dishwashing
5. Laundry (Washing, hanging, ironing, storing)
6. Preparing children for school (preparing breakfast, packing bags, providing school needs, etc.)
7. Taking children to school/training/activity (Transportation for children, etc.)
8. Supporting children's homework (helping for homework, checking homework, etc.)
9. Disposal of garbage
10. Buying gifts on special occasions (Birthday, Mother's Day, Father's Day, etc.)
11. House cleaning (sweeping, wiping, dusting, etc.)
12. Pet care (Feeding, washing, walking, etc.)
13. Grocery shopping (Shopping list, transport, storage)
14. Daily tidying of the house (tidying beds, arranging things, etc.)
15. Payment of invoices and taxes
16. Patient care (health checks of the sick household resident, doctor appointments, medication follow-up, etc.)
17. Preparing for holiday (preparing luggage, procuring supplies, separating perishable foods, etc.)
18. Cooking
19. Setting up and clearing the table

b. Mental Load List

1. Follow-up of the needs and health condition of family elders (Identification of needs, doctor appointments, etc.)
2. Planning family/friend visits
3. Determination of the brands and time of purchase for the products to be purchased for the car (tire, gas station, etc.), car insurance/inspection follow-up
4. Follow-up of dishwashing detergent stock
5. Determination of laundry days
6. Follow-up of children's performance at school
7. Planning of children's leisure activities (choosing training courses according to their interests, sports activities, etc.)
8. Checking whether the garbage bin is full and determine time of disposal
9. Remembering important dates and planning special events (birthday, etc.)
10. Deciding/planning the days to carry out general cleaning in the house
11. Follow-up of pet's food and veterinary visits (Vaccination follow-up, etc.)
12. Follow-up of product stock in the refrigerator and expiration dates of the products at home (Food products, etc.)
13. Follow-up of house cleaning materials
14. Invoice and tax follow-up
15. Making holiday plans (buying tickets, booking, etc.)
16. Deciding what to cook for dinner

Appendix 2 - Regression Analysis Tables

Table 1: Factors Determining Care Work Perceptions

	Total	Men	Women
Women (=1)	25.225***		
	(1.066)		
Age	0.134**	0.055	0.181**
	(0.060)	(0.086)	(0.076)
Foundation Degree	0.875	-0.018	0.297
	(1.909)	(3.019)	(2.257)
Undergraduate Degree	2.443	2.810	3.732
	(1.519)	(2.345)	(1.973)
Graduate Degree	4.700	3.215	6.443
	(2.619)	(3.345)	(3.564)
Married - No Children	11.209***	3.102	17.377***
	(1.557)	(2.007)	(2.169)
Married - With Children	12.625***	2.142	20.662***
	(1.497)	(2.026)	(1.974)
Household income: 60,001-100,000	0.664	3.247**	-3.508**
	(1.140)	(1.549)	(1.651)
Household income: >100,000	-1.167	-1.757	-2.977
	(1.590)	(2.088)	(2.281)
Management Role (=1)	-2.218*	-0.637	-0.442
	(1.245)	(1.541)	(1.893)
Traditional Gender Roles	-2.088***	-1.457	0.967
	(0.636)	(0.901)	(0.931)
Cognitive Empathy	-1.202	-3.683	5.484
	(3.927)	(5.794)	(5.225)
# of Observations	1423	684	739

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

[10] **Traditional Gender Roles** were calculated by factor analysis over the Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree answers given to the questions listed below. A high positive score means that the participant agree more strongly in gender norms. A lower negative score means that the participant opposes more strongly against gender norms.

- A man should focus more on his career and a woman more on her family.
- A good marriage for a woman provides a better life than a good job.
- When the number of jobs is limited, a man should have more rights for a job than a woman.
- Men are particularly more inclined for leadership than women.

[11] **Cognitive Empathy** was calculated from the results of empathy assessment test using eye pictures. An empathy assessment test using eye pictures is a psychological test that assesses an individual's ability to understand the emotional states of others. Participants are shown pictures containing only eye expressions, and expected to predict emotional states only looking at such pictures. The test aims to assess empathic skills and social understanding. High scores indicate that empathic understanding is strong. The test results were used in this study for regression analyses to provide insight into the awareness on physical, mental and emotional burdens of housework.

Table 2: Factors Determining Mental Load Perceptions

	Total	Men	Women
Women (=1)	15,022***		
	(0,989)		
Age	0,112**	0068	0,200***
	(0,052)	(0,077)	(0,069)
Foundation Degree	-1670	-1364	-2758
	(1,636)	(2,565)	(1,992)
Undergraduate Degree	-0056	0040	-0227
	(1,419)	(2,242)	(1,747)
Graduate Degree	0126	2125	-2692
	(2,508)	(3,786)	(3,251)
Married - No Children	10,920***	8,982***	12,713***
	(1,396)	(2,002)	(1,839)
Married - With Children	11,565***	6,886***	14,552***
	(1,383)	(2,117)	(1,746)
Household income: 60,001-100,000	-0634	1503	-2,911*
	(1,110)	(1,575)	(1,570)
Household income: >100,000	-1757	-3.602*	-1122
	(1.473)	(2.093)	(1.964)
Management Role (=1)	0709	0327	2097
	(1.128)	(1.541)	(1.728)
Traditional Gender Roles	-0448	-0124	1.553*
	(0.648)	(0.987)	(0.942)
Cognitive Empathy	2289	2090	1745
	(3.539)	(5.720)	(4.727)
# of Observations	1411	675	736

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

Table 3: Factors Determining Actual Care Work

	Total	Men	Women
Women (=1)	24.656***		
	(1.126)		
Age	-0001	0008	0063
	(0.060)	(0.063)	(0.099)
Foundation Degree	-0691	2906	-4351
	(1.926)	(2.411)	(2.839)
Undergraduate Degree	2543	5.488***	0705
	(1.566)	(1.879)	(2.354)
Graduate Degree	3747	5.284	1815
	(2.474)	(2.781)	(4.004)
Married - No Children	12.579***	4.048**	22.110***
	(1.651)	(1.931)	(2.385)
Married - With Children	12.839***	5.858***	19.896***
	(1.592)	(1.916)	(2.273)
Household income: 60,001-100,000	-1211	1545	-3.981**
	(1.145)	(1.320)	(1.941)
Household income: >100,000	-3.277*	-1516	-5.190*
	(1.702)	(1.763)	(2.736)
Management Role (=1)	-3.437***	-4.890***	-2820
	(1.315)	(1.419)	(2.511)
Traditional Gender Roles	-0394	-0104	1417
	(0.706)	(0.800)	(1.249)
Cognitive Empathy	5504	12.588**	4240
	(4.181)	(5.005)	(6.180)
# of Observations	1415	676	739

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

Table 4: Factors Determining Actual Mental Load

	Total	Men	Women
Women (=1)	25.642***		
	(1.159)		
Age	0.042	-0.066	0.216**
	(0.062)	(0.070)	(0.095)
Foundation Degree	-0.742	2.131	-4.009
	(1.965)	(2.494)	(2.769)
Undergraduate Degree	2.653	5.958***	-0.397
	(1.672)	(2.063)	(2.384)
Graduate Degree	2.636	3.659	0.547
	(2.781)	(3.085)	(4.117)
Married - No Children	11.967***	2.865	22.976***
	(1.761)	(2.018)	(2.525)
Married - With Children	11.262***	4.568**	17.941***
	(1.731)	(2.040)	(2.511)
Household income: 60,001-100,000	-1.131	0.965	-3.503*
	(1.183)	(1.490)	(2.035)
Household income: >100,000	-2.814	-2.095	-3.814
	(1.720)	(1.821)	(2.682)
Management Role (=1)	-1.928	-3.263**	-0.538
	(1.427)	(1.531)	(2.690)
Traditional Gender Roles	-0.707	-0.594	1.359
	(0.747)	(0.903)	(1.320)
Cognitive Empathy	5.511	16.063***	0.159
	(4.371)	(5.589)	(6.182)
# of Observations	1414	675	739

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

Table 5: Factors Determining the Difference Between Perceived and Actual Care Work

	Total	Men	Women
Women (=1)	-0.066		
	(1.234)		
Age	0.129	0.030	0.106
	(0.068)	(0.097)	(0.089)
Foundation Degree	0.830	-3.311	3.783
	(2.224)	(3.582)	(2.658)
Undergraduate Degree	-0.867	-3.603	1.513
	(1.830)	(2.825)	(2.276)
Graduate Degree	0.110	-3.224	1.846
	(2.938)	(4.255)	(3.578)
Married - No Children	-1.885	-1.715	-4.827**
	(1.686)	(2.257)	(2.419)
Married - With Children	-0.224	-3.853*	-0.107
	(1.563)	(2.303)	(2.037)
Household income: 60,001-100,000	1.947	0.909	1.009
	(1.345)	(1.696)	(2,017)
Household income: >100,000	1.579	-0.645	2.447
	(1.920)	(2.370)	(2.860)
Management Role (=1)	0.506	3.593	2.050
	(1.452)	(1.837)	(2.362)
Traditional Gender Roles	-1.601**	-1.257	0.567
	(0.748)	(0.966)	(1.192)
Cognitive Empathy	-6.170	-17.666***	0.417
	(4.280)	(5.743)	(6.035)
# of Observations	1406	669	737

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

Table 6: Factors Determining the Difference Between Perceived and Actual Mental Load

	Total	Men	Women
Women (=1)	-10.636***		
	(1.266)		
Age	0.076	0.143	-0.018
	(0.065)	(0.090)	(0.091)
Foundation Degree	-0.488	-2.777	1.338
	(2.111)	(3.081)	(2.810)
Undergraduate Degree	-2.404	-5.260**	0.116
	(1.834)	(2.506)	(2.510)
Graduate Degree	-2.138	-0.879	-3.255
	(3.154)	(4.253)	(4.676)
Married - No Children	-0.788	6.578***	-10.114***
	(1.789)	(2.456)	(2.505)
Married - With Children	0.513	2.799	-3.358
	(1.711)	(2.526)	(2.396)
Household income: 60,001-100,000	0.548	0.640	0.466
	(1.357)	(1.935)	(1.959)
Household income: >100,000	1.079	-1.456	2.593
	(1.937)	(2.489)	(2.698)
Management Role (=1)	2.729*	3.776**	2.659
	(1.586)	(1.881)	(2.864)
Traditional Gender Roles	0.141	0.352	0.121
	(0.816)	(1.199)	(1.276)
Cognitive Empathy	-3.265	-14.107*	1.591
	(4.897)	(7.602)	(6.699)
# of Observations	1410	674	736

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

Table 7: Factors Determining the Difference in Care Work in the Household (Self-Partner)

	Total	Men	Women
Women (=1)	48.905***		
	(1.931)		
Age	-0.040	-0.004	0.102
	(0.104)	(0.120)	(0.150)
Foundation Degree	0.867	4.880	-3.424
	(3.276)	(4.407)	(4.286)
Undergraduate Degree	1.766	6.241	-0.609
	(2.832)	(3.570)	(3.978)
Graduate Degree	5.996	6.932	4.022
	(4.258)	(5.161)	(6.488)
Married - No Children	-22.519***	-42.731***	-0.873
	(2.653)	(3.248)	(3.405)
Married - With Children	-22.340***	-41.194***	-4.189
	(2.541)	(3.327)	(3.135)
Household income: 60,001-100,000	-0.979	2.687	-5.584*
	(1.998)	(2.350)	(3.081)
Household income: >100,000	-1.818	0.744	-5.482
	(2.746)	(3.076)	(4.042)
Management Role (=1)	-2.643	-3.176	-3.084
	(2.160)	(2.519)	(3.569)
Traditional Gender Roles	-1.404	0.471	1.119
	(1.247)	(1.574)	(1.978)
Cognitive Empathy	6.560	19.349**	4.786
	(6.901)	(8.369)	(9.965)
# of Observations	1415	676	739

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

Table 8: Factors Determining the Difference in Mental Load in the Household (Self-Partner)

	Total	Men	Women
Women (=1)	51.164***		
	(1.971)		
Age	-0.071	-0.208	0.202
	(0.107)	(0.132)	(0.143)
Foundation Degree	-0.530	3.459	-4.936
	(3.269)	(4.129)	(4.271)
Undergraduate Degree	2.428	7.183**	-1.314
	(2.905)	(3.613)	(3.915)
Graduate Degree	3.977	3.807	2.193
	(4.708)	(5.503)	(6.566)
Married - No Children	-24.184***	-46.346***	0.186
	(2.738)	(3.306)	(3.492)
Married - With Children	-24.140***	-42.961***	-6.534**
	(2.621)	(3.436)	(3.296)
Household income: 60,001-100,000	-2.361	0.338	-6.178**
	(2.005)	(2.642)	(3.062)
Household income: >100,000	-4.090	-4.054	-4.932
	(2.809)	(3.298)	(3.990)
Management Role (=1)	0.158	-0.803	2.172
	(2.330)	(2.665)	(3.799)
Traditional Gender Roles	-1.778	-0.455	1.603
	(1.279)	(1.676)	(1.995)
Cognitive Empathy	9.732	25.420***	3.517
	(7.045)	(9.106)	(9.654)
# of Observations	1414	675	739

Note: Sector, interviewer, interviewer's gender and fixed provincial effects were checked. Estimation was made using robust standard errors.

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