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Metacognitive Patterns Shaping Rural Homemakers' Psychological Well-Being: From Reflection to Resilience

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Abstract

Rural homemakers play a vital role in maintaining household and community stability, often facing psychological stress with limited access to mental health support. Despite their central socio-familial role, the cognitive and emotional processes that support their psychological well-being remain underexplored in empirical research. This study explores the relationship between psychological well-being and metacognitive functioning among rural homemakers in Vellore, India. Rural homemakers often experience psychological stress but have limited access to support services. Using a cross-sectional design with 338 participants, the study employed standardised self-report measures to assess metacognitive beliefs and well-being. Findings revealed a significant positive correlation between the two constructs, with education moderating this relationship. While low and moderate education levels enhanced metacognitive functioning, higher education unexpectedly reversed the effect, likely reflecting unmet aspirations. Adaptive metacognitive awareness contributes to better emotional regulation and mental health outcomes. Further results showed that education moderated this relationship, enhancing metacognitive functioning at lower and moderate education levels, but reversing the effect at higher levels, heightened unmet aspirations, role strain, and increased cognitive-emotional burden. The results highlight the need for context-specific interventions that address the cognitive and emotional health of rural homemakers. The findings underscore the importance of developing context-specific mental health strategies that address the cognitive and emotional needs of rural homemakers.

Keywords: Homemakers, Mental health, Metacognition, Well-being.

Introduction

Globally, men and women constitute nearly equal proportions of the population; however, pronounced gender disparities persist in mental health outcomes. Women are more likely than men to experience anxiety disorders, depression, and eating disorders, which substantially impair psychological functioning (1). In India, lifetime exposure to violence among women ranges from 16% to 50%, further intensifying mental health risks (2). Although emotional and cognitive well-being are recognised as essential to overall functioning, mental health research has predominantly focused on career-oriented individuals, often neglecting non-career populations such as homemakers, whose emotional and cognitive burdens remain insufficiently explored (3). Despite their central role in family cohesion and emotional labour, Indian homemakers particularly in rural areas are largely overlooked in mental health research (4). Recent studies document significant levels of depression, anxiety, and stress among rural homemakers, coupled with minimal utilisation of mental health services and heightened vulnerability associated with lower education and chronic health conditions (5). These findings suggest that rural homemakers bear a substantial yet largely unrecognised mental health burden, while their cognitive and metacognitive processes central to stress appraisal and coping remain understudied. Stigma, low awareness and poor help-seeking behaviour further highlight the need for culturally sensitive interventions targeting metacognitive beliefs in this underserved population (6). Historically entrenched gender roles have confined women to domestic responsibilities, and in rural India, homemakers are often viewed as economically unproductive, reinforcing norms that adversely affect mental health (7, 8). Most studies focus on comparisons between working and non-working women, overlooking the distinct cognitive and emotional challenges faced by homemakers. Evidence indicates that role-related stress and unmet

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expectations influence women's mental and physical health, while interventions enhancing metacognitive awareness may promote empowerment and psychological well-being. Accordingly, this study examines the relationship between metacognitive beliefs and psychological well-being among rural women homemakers to inform culturally relevant interventions. It is hypothesised that higher levels of persecutory thinking will be associated with lower psychological well-being, particularly under conditions of low cognitive self-consciousness. Metacognition, encompassing awareness and regulation of cognitive processes, is recognised as a key factor in psychological resilience, emotional regulation and adaptive coping (9).

Empirical evidence demonstrates a strong association between metacognitive skills and psychological well-being, with higher metacognitive awareness linked to better emotional balance, stress management, and self-perception (10). Studies among adolescents have further shown that metacognitive awareness significantly predicts psychological well-being, with higher levels associated with lower anxiety and enhanced self-esteem, underscoring its contribution to emotional health beyond cognitive performance (11).

Recent research indicates that metacognition is positively associated with empathy and critical thinking, facilitating emotional reappraisal, reducing cognitive distortions, and supporting healthier interpersonal relationships (12). In clinical populations, metacognitive functioning has been shown to moderate the effects of self-esteem and self-efficacy on mental health outcomes, suggesting that metacognition both directly enhances well-being and buffers psychological vulnerability, reflecting a shift toward more interactive models of mental health (13).

Education plays a critical role in the development of metacognitive skills by fostering reflective thinking, cognitive flexibility, and emotional regulation through structured learning and feedback processes. Evidence suggests that embedding metacognitive instruction across educational stages enhances individuals' capacity for cognitive and emotional self-regulation (14). Higher educational attainment has been consistently associated with greater metacognitive sophistication and access to self-directed learning strategies, whereas limited education may constrain these competencies and adversely affect psychological outcomes, particularly in high-stress or underserved contexts (15).

While much of the existing literature focuses on adolescents, students, or clinical populations, rural homemakers remain an understudied demographic in this field. Homemakers, especially those in rural or low-resource settings, often face heightened emotional labour, reduced social support, and limited access to formal education. These conditions make them uniquely vulnerable to psychological distress while simultaneously reducing opportunities for metacognitive development. Yet, few empirical studies have examined how metacognition operates within this group.

Given their domestic roles and socio-cultural positioning, rural homemakers are frequently excluded from interventions that promote mental health through cognitive skill-building. However, if metacognition indeed functions as a protective or mediating factor in psychological well-being as suggested, then understanding its role in this population could inform low-cost, scalable mental health interventions (16).

Although prior research has demonstrated that education enhances metacognitive abilities and that metacognition supports psychological well-being, the interaction of these variables in rural, educationally diverse female populations has not been systematically investigated. Particularly absent is an exploration of whether educational background moderates the relationship between metacognition and psychological well-being in adult women whose lives are shaped by domestic responsibilities and social expectations.

Theoretical Framework

This study is grounded in Metacognitive Theory, which emphasises the role of individuals' beliefs about their thinking in influencing emotional functioning and psychological health (17). Metacognitive functioning refers to the awareness and regulation of one's own thought processes, including beliefs about worry, attention, and thought control. It plays a critical role in emotional regulation and stress coping, with dysfunctional metacognitive beliefs increasing vulnerability to psychological distress. According to this theory, metacognitive beliefs such as perceptions about the controllability, danger, or usefulness of certain

thoughts can significantly affect how individuals cope with distress. Dysfunctional beliefs, like viewing worry as uncontrollable or essential for problem-solving, contribute to what the authors term the Cognitive Attentional Syndrome (CAS), characterised by persistent worry, rumination, and heightened self-focused attention (18).

Among rural homemakers who are often exposed to chronic stress, limited support systems, and socio-cultural constraints such as maladaptive metacognitive patterns may become deeply entrenched and impair psychological well-being. This study utilises the Metacognitions assess dimensions of metacognition, including cognitive self-consciousness, worry-related beliefs, and the perceived need for thought control (19). By investigating the relationship between these dimensions and psychological well-being, the study aims to understand how psychological well-being moderates their educational level of the metacognition process among rural homemakers.

Methodology

Study Design

The study used a cross-sectional design to investigate the connection between metacognition and well-being among rural homemakers in Vellore, India, from June 10 to July 30, 2025. This methodology facilitated the acquisition of information at a particular moment in time, offering valuable perspectives on the correlation between psychological well-being and metacognitive beliefs across the age group.

Study Population and Sample

The study was carried out in Tamil Nadu, India's Vellore City. The majority of the nine rural areas in Vellore City rely on outside employment to make ends meet. Purposive sampling was used. The researcher surveyed the residents of women's homes who did not want to work in person. Three hundred rural homemakers from different rural areas of Vellore city made up the target population. With a 50% response rate, a population size of 2700 rural women, a 95% confidence level, and a 5% margin of error, the sample size was determined using online Raosoft software. A total of 338 participants were needed for this study. A sample of 338 rural women who filled out questionnaires for the study. The study sample comprised rural women homemakers with predominantly socio-economically backgrounds. Most participants were in the older age group, 55 years, and their education level ranged from no formal to higher education. A marital status including married, unmarried, divorced and widowed. In terms of family type, which indicates nuclear, joint and extended joint family reflecting traditional rural household structures.

Inclusion and Exclusion Criteria

Women aged 35 and older who are homemakers, stay-at-home mothers, or not engaged in paid employment outside the home will be included in the study, while those unwilling to participate or those with any work experience of three months or more will be excluded.

Data Collection Tools

The study utilised two standardised, validated instruments: Demographic data, composed of age, educational qualification, marital status, family and no of children.

MCQ -30

The Metacognitions Questionnaire (MCQ-30) is a 30-item self-report instrument designed to assess metacognitive beliefs and processes associated with emotional disorders. Respondents rate each item on a 4-point Likert scale ranging from 1 (do not agree) to 4 (completely agree). The questionnaire is divided into five subscales: cognitive confidence, which reflects trust in one's memory and attention; cognitive self-consciousness, which relates to the tendency to focus inward and monitor one's thoughts; positive beliefs about worry, which capture beliefs that worrying is beneficial; negative beliefs about worry, which concern its uncontrollability and perceived danger; and beliefs about the need to control thoughts, which reflect the perceived necessity to suppress certain thoughts. Higher scores across these subscales indicate greater levels of dysfunctional metacognitive beliefs. The scale has demonstrated good internal consistency, with a reported Cronbach's alpha of 0.86.

Psychological Well-Being Scale

The Psychological Well-Being Scale consists of 84 items distributed across six subscales. A shortened 18-item version with the same six subscales demonstrated correlations between 0.70 and 0.80 with the original version. The scale uses a 5-point Likert format with response options ranging from "appropriate for me" to "not appropriate for me at all". Items labelled with "R" are reverse-scored from 1 to 5, while positively worded items are

scored from 5 to 1. The original scale reported a Cronbach's alpha of 0.79, while reliability in this study was found to be 0.76.

Data Collection Procedure

The data collection procedure for this study was carried out in a structured and systematic manner to ensure accuracy, confidentiality, and voluntary participation. Informed consent was secured from all participants. The questions were asked to the participants to complete the survey in a quiet and comfortable environment to ensure focused and thoughtful responses. They were given clear instructions on how to fill out the Likert-scale items and assured that their participation was entirely voluntary and anonymous. Each participant was informed that their responses remained confidential. The data collection process was designed to minimise participant burden, with the entire survey taking no more than 20 minutes to complete.

Data Analysis

The data were analysed using SPSS version 25 and jamovi, with no missing values identified. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarise the study variables. To explore the associations among variables and identify key predictors of psychological well-being, Pearson correlation and linear regression analyses were used. Double data entry method ensured data accuracy, with discrepancies reviewed and corrected to minimise errors. Assumptions for regression analysis, including homoscedasticity, multicollinearity, normality and linearity, were tested using both statistical methods and visual inspection. The final regression model satisfied all necessary assumptions, and the dependent variable, metacognition, was found to be normally distributed, supporting the reliability of the findings related to well-being predictors.

Results

Participant's Demographic Profile

A total of 338 rural women participated in the study, resulting in a 100% response rate. With respect to educational attainment, a considerable proportion of respondents (n = 212, 62.7%) reported having no formal education, while 102 participants (30.2%) had attained basic formal education, and only 24 (7.1%) had completed a graduation or higher level of education. The age distribution revealed that the majority of women (n = 232, 68.6%) were in the 55-64 years category, followed by 66 (19.5%) in the 45-54 years group, and 40 (11.8%) between 35-44 years (M = 2.57, SD = 0.696). In terms of family composition, joint families were most commonly reported (n = 228, 67.5%), followed by nuclear families (n = 98, 29.0%) and extended joint families (n = 12, 3.6%). Marital status analysis indicated that nearly half of the participants were widows (n = 166, 49.1%), while 134 (39.6%) were married, 32 (9.5%) were unmarried, and a small fraction (n = 6, 1.8%) were divorced. These findings underscore the predominance of older, less-educated women residing in joint family systems, with widowhood being a common marital status, as summarised in Table 1.

Table 1: Demographics of Categorical Variables of the Sample (N =338)

Demographic	Category	N (%)	M(SD)
Age	35-44	40 (11.8)	**2.57(.696)**
	45-54	66 (19.5)	
	55-64	232 (68.6)	
Education qualification	No formal education	212 (62.7)	
	Formal education & above	102 (30.2)	
	Graduate & above	24 (7.1)	
Marital status	Unmarried	32 (9.5)	`
	Married	134 (39.6)	
	Divorced	6 (1.8)	
	Widow	166 (49.1)	
Family	Nuclear	98 (29.0)	
	Extended joint family	12 (3.6)	
	Joint family	228 (67.5)	

Table 2: Distribution of Metacognition and Psychological Well-being (N=338)

Variable	M	SD
Metacognition	69.3	12.11
Psychological Well-Being	52.2	11.4

The descriptive statistics for the study variables are presented in the table. The mean metacognition score was 69.3 (SD =12.11), indicating a moderate level of metacognitive beliefs among the participants. The mean score for psychological well-being was 52.2 (SD = 11.4), reflecting a mild to slightly below-average level of perceived well-being in the sample shown in Table 2.

Table 3: The Relationship between Metacognition and Well-Being

Variables	Metacognition	
	r	p-value
Age	-.052	.345
Educational level	.162*	< 0.05
Marital Status	.213**	< .000
Family	-.086	.115
Psychological well-being	.205**	< .000

**Correlation is Significant at the 0.01 Level (2-tailed)

*Correlation is Significant at the 0.05 Level (2-tailed)

The present findings demonstrate in Table 3 a significant positive association between psychological well-being and metacognition (r = .205, p < .001). This result is consistent with prior research suggesting that psychological well-being enhances individuals' capacity to engage in reflective thinking and cognitive regulation. For instance, studies have shown that individuals with greater well-being are better able to monitor and control their cognitive processes, thereby fostering adaptive decision-making and problem-solving (20). Similarly, recent studies emphasised that psychological functioning and metacognitive awareness are closely linked, with well-being serving as a protective factor in cognitive self-regulation (21). The positive correlation between educational level and metacognition (r = .162, p < .05) also aligns with earlier findings. Higher educational attainment has been associated with improved metacognitive strategies, including planning, monitoring, and evaluating cognitive activities (22). Education may provide both cognitive stimulation and structured learning experiences that contribute to more advanced self-reflective abilities.

In addition, marital status (r = .213, p < .001) emerged as a significant predictor of metacognitive functioning. This finding is supported by social cognition research, which highlights the role of interpersonal relationships and social support in enhancing self-regulation and reflective thinking (23). Married individuals may benefit from emotional and instrumental support, which could facilitate more adaptive metacognitive processes.

Conversely, no significant associations were observed between age and metacognition (r = –.052, p = .345) or family type (r = –.086, p = .115). Previous studies have also reported mixed results concerning the influence of age on metacognitive functioning. While some evidence suggests that metacognition may decline slightly with aging due to cognitive slowing, others argue that life experience compensates for such declines (24). Similarly, family type may not directly impact metacognitive skills, although contextual factors such as family dynamics and caregiving responsibilities could indirectly play a role (25).

Table 4: Mediating Regression Analysis Using Macro Process Model 1 with Educational Level as a Moderator between Psychological Well-Being and Metacognition (N =338)

Constant	B	SE	t	p	LLCI	ULCI
Psychological Well-Being → Education (a path)	0.02	0.01	2.45	.015	0.00	0.04
Education → Metacognition (b path)	–1.50	0.60	–2.50	.013	–2.68	–0.32
Psychological Well-Being → Metacognition (c'path)	0.18	0.05	3.20	.001	0.07	0.29
Total Effect (c path)	0.21	0.05	3.84	.000	0.10	0.31

Table 5: Model Fit Summary for Moderation Analysis Predicting Metacognition (N = 338)

R	R^2	Adjusted R^2	F-value	df	p-value
.063	.004	.116	5.99	1.336	.015

Table 6: Conditional Effects of Psychological Well-Being on Metacognition at Different Levels of Education

Edu. Level	Effect	SE	t	p	95% CI
Low (1.0000)	0.2223	0.0970	2.2927	.0231	[0.0308, 0.4138]
Medium (2.0000)	0.4018	0.1241	3.2374	.0015	[0.1567, 0.6469]
High (3.0000)	-0.9889	0.3368	-2.9362	.0038	[-1.6539, -0.3238]

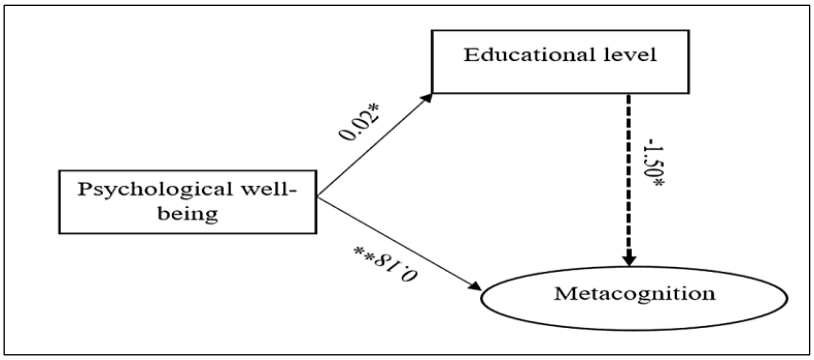

Figure 1: Regression Model of Psychological Well-Being and Metacognition

* $P < 0.05$ and ** $P < 0.01$. Predicting the Variable of Educational Level has been Included

Table 4 presents the moderation analysis results using PROCESS Macro Model 1 with educational level as the moderator between psychological well-being and metacognition. Psychological well-being significantly predicted educational level (B = 0.02, p = .015), and education negatively predicted metacognition (B = -1.50, p = .013), indicating that higher education was associated with lower metacognitive ability. Psychological well-being remained a significant positive predictor of metacognition in both the direct (B = 0.18, p = .001) and total effect models (B = 0.21, p < .001), confirming a partial moderation effect.

The model fit summary Table 5 shows that the moderator model was statistically significant, F (1, 336) = 5.99, p = .015, with R^2 = .004. The dependent variable model accounted for 5.3% of the variance in metacognition (R^2 = .053, p < .001), while the total effect model explained 4% of the variance (R^2 = .040, p < .001). These values demonstrate that psychological well-being and education jointly contribute to metacognitive functioning, although the effect size is modest.

Table 6 presents the conditional effects of psychological well-being on metacognition at different levels of education. At lower education levels, psychological well-being had a positive and significant effect on metacognition (B = 0.22, p = .023). This effect was stronger among those with medium levels of education (B = 0.40, p = .0015). Interestingly, at higher education levels, the effect turned negative (B = -0.99, p = .0038), suggesting that greater education may attenuate or even reverse the positive association between psychological well-being and metacognitive ability.

Figure 1 graphically illustrates this regression model, highlighting the role of educational level as a moderator in the relationship between psychological well-being and metacognition. Collectively, these findings indicate that while psychological well-being generally promotes metacognitive functioning, educational level moderates and mediates this relationship, with higher education potentially dampening the positive effects of well-being on cognitive regulation.

Discussion

The significant positive association between marital status and metacognition further underscores the importance of social roles in shaping cognitive and emotional functioning. Married participants may benefit from more structured social environments, emotional support, and shared responsibilities, which could enhance their metacognitive engagement (26). Moreover, the descriptive data support this interpretation, as participants with higher education reported lower mean levels of psychological well-being compared to those with low or medium education. This finding aligns with

studies suggesting that overqualification or unmet professional aspirations can negatively impact psychological well-being in homemakers (27). With a specific focus on whether educational level moderates this relationship. The results revealed a significant positive correlation between psychological well-being and metacognition, indicating that higher levels of well-being are associated with enhanced metacognitive awareness. This finding is consistent with prior research demonstrating that individuals with greater psychological resources are more likely to engage in reflective thinking and self-regulation (28).

Educational level emerged as a significant moderator in this relationship. The moderated regression analysis showed that the effect of psychological well-being on metacognition varied by level of education. Specifically, psychological well-being was positively associated with metacognition among participants with low and medium educational attainment. However, among those with higher education, the relationship was significantly negative. These results suggest that while education generally enhances cognitive and self-regulatory abilities (29), in certain contexts, such as among highly educated rural homemakers, higher education may not translate into higher psychological or cognitive functioning.

This inverse relationship at higher education levels could be explained by role conflict and underutilization of cognitive potential. Rural homemakers with higher education may experience dissonance between their educational aspirations and their current roles, leading to frustration, decreased self-efficacy, and diminished metacognitive engagement. Previous studies have indicated that highly educated women in traditional or rural settings often face identity conflicts and mental health challenges due to limited occupational opportunities and societal expectations (30). This mismatch may inhibit their ability to use metacognitive strategies effectively, even when psychological well-being is relatively high.

Together, these findings highlight the complex interplay between educational attainment, psychological well-being, and cognitive regulation among rural homemakers (31). While education is often seen as a protective factor for mental health and cognitive flexibility, its effects appear to be contextually bound (32). In settings where structural or cultural limitations prevent educated women from fulfilling their aspirations, education may paradoxically contribute to emotional distress and reduced cognitive self-monitoring (33).

Education appeared to increase employment aspirations among rural homemakers; however, limited opportunities and entrenched gender norms restricted their fulfilment. This mismatch between education and role outcomes may contribute to reduced psychological well-being among highly educated homemakers.

This study makes a unique contribution to understanding how psychological well-being and metacognitive beliefs interact within the context of rural homemakers in resource-constrained settings in India. It highlights the moderating role of educational qualifications in shaping the relationship between psychological well-being and metacognitive functioning. While this study offers valuable insights, certain limitations must be acknowledged. First, due to the cross-sectional design, causal inferences cannot be drawn between psychological well-being and metacognition. Second, the study focused solely on metacognition as a cognitive self-regulatory factor and did not explore other psychological constructs, such as coping strategies, emotional intelligence, or resilience that may also influence well-being outcomes.

Conclusion

The present study assessed the influence of various dimensions of psychological well-being on metacognition among rural homemakers. The findings revealed that personal growth played a marginally significant role in enhancing metacognitive awareness, suggesting that individuals who perceive ongoing development and self-improvement are more likely to engage in reflective thinking and self-regulation. However, other psychological well-being dimensions such as autonomy, environmental mastery, and purpose in life, self-acceptance, and positive relations with others did not significantly contribute to metacognitive outcomes in this sample. This suggests that interventions aimed at strengthening personal growth through life skills training, empowerment programs, and learning opportunities may foster metacognitive abilities. The results also highlight a potential disconnect

between general well-being and higher-order cognitive processes, pointing toward the need for targeted strategies that bridge emotional health and metacognitive functioning

Future programs should prioritise fostering a growth-oriented mindset in rural homemakers to improve both psychological adaptability and cognitive control. Additionally, research should explore in greater depth the psychological pathways through which personal growth influences metacognitive development, as well as investigate contextual factors such as education, socio-cultural norms, and stress exposure that may moderate this relationship.

Policy Priorities for Enhancing Homemakers' Mental Health

Recognition of Homemakers in Mental Health Policy: Position homemakers as a distinct and vulnerable group in national mental health strategies, ensuring they have direct access to services and interventions rather than being overlooked.

Education to Empowerment Pathways: Bridge the gap between women's educational attainment and meaningful opportunities by creating vocational, digital, and micro-enterprise platforms that transform education into empowerment and improved well-being.

Community-Driven Cognitive Resilience Programs: Establish local, culturally sensitive initiatives such as self-help groups and peer-led workshops that provide metacognitive training, reduce stigma, and build sustainable emotional resilience within rural societies.

Abbreviations

MCQ: Metacognition, PWB: Psychological well-being.

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Author Contributions

Banu Priya V: conceptualisation, methodology, data analysis, Savitha N: correcting the content of the entire article.

Conflict of Interest

No potential conflict of interest was reported by the author(s).

Declaration of Artificial Intelligence (AI) Assistance

The help of AI has been taken to improve the language of the paper. All the references have been cited with sources.

Ethics Approval

The studies involving humans were approved by the Institutional Ethical Committee for Studies on Human Subjects (IECH) of Vellore Institute of Technology, Vellore. The studies were conducted according to the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

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