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Adult Attachment Styles of Adults Who Were Raised in Children's Homes in Kenya

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The type of care given during childhood has an impact on beliefs, attitudes, and expectations of future relationships. Being raised in a children's home or other institutionalised care has been seen to increase the risk for emotional, cognitive, developmental and attachment disorders. Attachment styles are ways in which individuals emotionally connect or relate to others. The attachment style can either be secure, which is considered healthy or insecure which is considered unhealthy. The objective of this study was to find out the adult attachment styles among adults who were raised in children's homes in Kenya. The study adopted the descriptive survey design, and 294 respondents were sampled via census approach. The questionnaire was used for data collection. The standardised revised Adult Attachment Scale was used to measure adult attachment styles. The results of the study showed that the anxious attachment style was the highest adult attachment style among the care leavers ($M = 16.09$, $SD = 6.24$), the secure attachment style ($M = 15.90$, $SD = 4.91$) and lastly, avoidant attachment ($M = 12.63$, $SD = 4.14$). On each of the attachment style domains, 42.9% had moderate secure attachment 78. % low avoidant attachment and 15.6% had a high anxious attachment style. Based on the findings, it is recommended that organisations supporting care leavers should facilitate periodic workshops on the impact of adult attachment style on care leavers in order to create awareness and provide support.

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INTRODUCTION

A care leaver is an adult who has spent time in foster or residential care or in other arrangements outside their immediate or extended family before the age of 18 (Ddumba-Nyanzi et al., 2019). Smith (2017) stated that young people and children who are looked after by the state and are not living with their biological families are called care leavers. Lerch and Stein (2010) estimated that around 40,000 young persons aged between 16 and 23 years leave institutional care each year. In Australia, out of the 37000 children residing in out-of-home care, about 2889 of them leave out-of-care annually at the age between 15 and 17 years in 2010-2011 (Australian Institute of Health and Welfare, 2012). Further, Smith (2017) explained that England takes care of one per cent of the children population and close to 4419 young people transition out of care facilities each year. More precisely, the United Kingdom Department of Education (2018) reported that about 9200 children left institutional care by the end of March 2018. Between 2020 and 2021, it was estimated that 44,590 individuals transitioned out of care homes; of them, 63% were male (Foley, 2022). Importantly, in the UK, the local authority is responsible for ensuring that care leavers are well taken care of till they are 21 years old and receive financial incentives, which ends up impacting their decision as far as higher education is concerned.

Cotton et al. (2014) studied care leavers, and they suggested that several factors enhanced care leavers' access to higher education. Among these factors included high intrinsic motivation, family encouragement, and support from the Local Authority. However, Kelly (2017) reported that children out of care between 10 and 17 years were 5 times more likely to engage in criminal offences and more vulnerable to unemployment, homelessness and teen pregnancy. Also, Cusick and Courtney (2007) in their comparative analysis of the offending behaviour of care leavers within

the general population, established that Care leavers were about twice as likely to engage in offending behaviours from age 16 to 17 and were more likely to be arrested when they are between 18 and 19 years old. This shows that care leavers are at risk of misdemeanours and have imminent threats to their survival outside care homes. It is therefore important that care leavers' mitigation measures should be put in place to protect them from these risks. In appreciating the importance of resilience for care leavers, Cotton et al. (2014) highlight the importance of potential protection. They stated that the goal should be to guide care leavers towards achieving higher education. This is because, in most cases, students display vital characteristics that are necessary for achieving their goals. Whereas care leavers are legally entitled to support as they transit into adulthood, education should be one area of protecting care leavers against the risk of being jailed or failing in life.

Within Sub-Saharan Africa (SSA), there are no reliable records on the history of alternative care. Nonetheless, there are a number of factors that strongly push most children into alternative care. As indicated by several studies, Sub-Saharan Africa is prone to regional wars, insurgencies, migration, unemployment, endemic poverty, the effect of HIV/AIDS, and civil conflicts, which are risk factors for the institutionalisation of children (Chaitkin et al., 2017; Milligan et al., 2016). For example, most children will be left vulnerable and orphaned when their parents or guardians have been killed in war, displaced due to migration, or die out of AIDS. According to UNICEF (2017), there were about 52 million children orphaned in Africa. Of the orphaned children in 2016, about 13.8 million children ages 0 to 17 years had lost at least one parent because of AIDS. Previous studies have indicated that orphaned children are vulnerable to experiencing depression, anxiety, hopelessness, and PTSD as compared to other children (Atwine et al., 2005; Cluver & Gardner,

2007). Some of the reasons why orphaned children were taken in for alternative care were because they come from unstable family economic situations or from poorly-resource communities (Han et al., 2013).

Orphans and vulnerable children in general in SSA come from difficult socioeconomic environments. Children orphaned because their parents died of HIV and AIDS complications or due to war-related incidences are likely to experience a myriad of vulnerabilities. Orphaned children would lack basic needs such as food and shelter following the death of one or both of their parents. Moreover, they may drop out of school, have poor developmental growth, experience stigma and discrimination, feel pressure to assume adult responsibilities, and have an increased risk of sexual exploitation and child labour (Karimli & Ssewamala, 2015; Ssewamala et al., 2015).

Previous studies have indicated the presence of institutional care in SSA, which has a number of challenges, some of which are similar to those found in other continents, such as overcrowding in the care facility (Li et al., 2008; Whetten et al., 2011). Other challenges experienced within the institutional care in SSA may include a lack of a secure environment for child growth, the impact of sociocultural norms and poor working conditions. These may include a lack of official registration and monitoring of the orphanages, exhaustion, and burnout from caregivers due to long working hours with no contracts, leading to high staff turnover (Carr et al., 2018; Hermenau et al., 2015). Moreover, due to low salaries and a lack of childcare-specific education, caregivers experience difficulties meeting the socio-emotional needs of children and frequently resort to violent discipline (Sherr et al., 2017). It was estimated that about 3.3 million children are left orphaned and vulnerable due to HIV/AIDS and other factors in South Africa having lost one or both of their parents (UNICEF, 2016). In Tanzania, previous studies have stated that approximately 1.3 million children are orphaned due to HIV/AIDS (Hecker et al., 2017; Makauu, 2019) and many of these children end up in

institutional care. Some of the factors that lead to these children being institutionalised are because there are limited resources and infrastructure for family-based care (van IJzendoorn et al., 2020).

In Uganda, close to 52% of the care leavers have reported poverty as the main reason why they sought care at the local facilities (Ddumba-Nyanzi et al., 2019). Additionally, the ability to take care of basic needs such as food, medical care, shelter, clothing, and education informed the decision to seek placements for their children at the residential care. In a study carried out among 264 care leavers in Uganda, 71% of the respondents indicated that they had experienced emotional, physical, and sexual violence within the care facility (Ugandan Care Leavers, 2019). In Uganda, natural causes account for children being taken to the facilities, with 26 % of the care leavers citing the death of their parents as the main reason for being in care centres (Ddumba-Nyanzi et al., 2019). Similarly, 50% of children at the care centres in Kenya have cited poverty, parents' death, diseases, and illness by the primary caregivers as the reason for being in residential care centres (Hyde, 2018). When it comes to transition out of care facilities about 30 % of the care leavers indicated that they did not receive any support from the care institution (Ugandan Care Leavers, 2019). Care leavers in Kenya and Uganda, unlike their counterparts in the UK and Wales, do not necessarily enjoy financial support; thus, they have been found to exhibit negative psychological well-being such as stigma, fear, periods of emotional instability and loneliness (Cotton et al., 2014; Makauu, 2019).

In a longitudinal study conducted by Schaffer and Emerson (1964), in which they analysed the number of attachment relationships that infants form, four distinct phases were outlined. The first stage is the Pre-Attachment Stage. The pre-attachment phase is characterised by no particular attachment as infants from the first day of their birth to 3 months do not necessarily exhibit any attachment to the caregivers. In the early months, children only cry and fuss. Their action attracts the caregiver's attention, thus encouraging them to

stay around the infants (Campbell & Stanton, 2019). The second stage is the indiscriminate attachment stage, which occurs when an infant is between 6 weeks of age and seven months. At this stage, children start showing preferences for their primary and secondary caregivers. Importantly, infants begin to trust the caregivers as they expect them to take care of their needs. It is also important to note that at this phase, infants start to distinguish between familiar and unfamiliar people despite accepting care from almost everyone coming their way. They respond more positively to their primary caregivers (Campbell & Stanton, 2019). The third stage is the discriminate attachment, which is the third phase and it manifests at about 7 to 11 months of age. This phase is characterised by children showing a strong attachment; notably, the attachment and preference, in this case, are shown to one specific individual, and children protest when separated from that individual whom they consider as their caregiver figure. In other words, children will show separation anxiety and stranger anxiety when around strangers. The fourth stage is the multiple attachments stage, where children at nine months of age begin to form strong emotional bonds with other caregivers beyond the primary attachment figure. This often includes the father, older siblings, and grandparents.

There are two main attachment styles mentioned and these are secure and insecure attachment, as postulated by Bowlby (1969). However, according to Ainsworth et al. (1989), there are four patterns of attachment, and they include secure, insecure-avoidant attachment, insecure anxiety attachment and ambivalent attachment. a) Ambivalent/dependent attachment is characterised by the feeling of anxiety and preoccupation about the availability of the caregiver. Children under this pattern exhibit distress when their parents leave. Despite the ambivalent attachment style being considered uncommon, it affects close to 7–15% of United States children (Luevano et al., 2021). As a result of poor parental availability, these children cannot depend on their primary caregiver to be there when they need them. According to Verschueren

and Split (2021), ambivalent attachment is characterised by unpredictable and inconsistent interaction. It is comparable to avoidant attachment, which is also characterised by unresponsiveness. Individuals in this category believe in the constant pursuit of care, and the study established that they often lack the capacity to care for others. Notably, in line with the psychoanalytic theory, the dependence as exuded by this group was found to be maladaptive in many ways. Over-dependence on one's teacher's approval and attention was found to interfere with the development of interpersonal skills in children towards their peers. Furthermore, the study suggested that children with secure relationships exhibited high efficiency in terms of seeking contact so that they could play with their peers as soon as they returned to them. In other words, peer relationships are supported by contact with teachers. Parents with ambivalent attachment styles were found to prevent their children from forming new social connections. A study conducted by Luevano et al. (2021) indicated that attachment is a predictor of attraction to humour styles. The study found a significant ambivalent attachment by assessing humour style interaction and a negative association between anxious attachment and attraction to positive humour.

The avoidant attachment style is characterised by a lack of care or responsiveness by the caregiver to the child in terms of giving them food and shelter; thus, children disregard their own struggles and needs to maintain peace and keep their caregiver close by. According to Doinita and Maria (2015), children with an avoidant attachment normally tend to avoid their parents, and they show no preference between a caregiver and a complete stranger. It is important to note that an avoidant attachment style yields future avoidance, especially when children are punished for relying on a caregiver. According to Magai et al. (2001), people with avoidant attachment styles are likely to engage in dismissive or deactivating strategies. Unlike those in secure attachment, they are reluctant to seek support from others and are unwilling to initiate connection with others. Furthermore, the study established that in a

scenario requiring one with avoidant attachment to establish a social connection, he or she is likely to have a negative concept of self in the sense that they will perceive themselves as less efficient and incapable of connecting with others. The result of such perception is emotional depression. According to Doinita and Maria (2015), avoidant attachment is characterised by a parent's inconsistent response to a child's feelings of fear or distress. For example, a child might be distressed to be left with a new babysitter or unfamiliar caregiver. Children experiencing avoidant attachment display a confusing mix of behaviours. They look disoriented, dazed, or confused, and they may show some resistance towards their parents.

When children have a secure attachment, they play and explore freely in their primary caregiver's presence, and when the primary caregiver or mother leaves, they become distressed, especially when surrounded by a stranger. However, upon the mother's return, the child expresses her joy and will often try to reach out to be picked up and held. As expressed by secure attachment, children, when frightened, and if they are securely attached, will always show comfort in terms of seeking reassurance from their caregivers. Strong and healthy relationships are credited to secure attachment style even though it may be categorised as boring or mundane by the current cultures. According to Doinita and Maria (2015), this style of attachment ensures that all the parties involved feel safe, cared for, and understood. A study by Simon and Baxter (2009) found a significant positive relationship between secure attachment, hope, and trust. Additionally, the study established that there is, albeit significantly, a negative correlation between secure attachment and burnout. However, on the hypothesised relationship between task performance and secure attachment, the study suggested that there was no direct relationship. It is also important to point out that individuals who have had secure attachments also work effectively independently and under minimum supervision. Moreover, they can tap into the social support structures to protect themselves against burnout.

Procaccia et al. (2014) in their study assessing the impact of attachment style on the family drawing found that a variation indeed existed in the family drawing between children in secure and those in insecure attachment. Children in the former attachment were able to draw images that were vividly individuated and took into consideration aspects such as gender and age. According to Procaccia et al. (2014), securely attached children came up with drawings that denoted a stable and positive sense of self in addition to a better ability to differentiate between self and others. Procaccia et al. (2018) suggested that children in secure attachment were able to give stories that were characterised by frequency and richness in terms of expression. They were able to display a more advanced ability to make sense of death in their narrations.

EMPIRICAL LITERATURE REVIEW

In the empirical studies in connection with adult attachment, there are mixed results that have been shown by different studies. A study carried out among 115 adults from trauma clinics in Korea between May 2015 and January 2016 established that the respondents had high avoidant attachment style with a mean of 38.08 ($SD = 6.92$) and a mean of 16.50 ($SD = 5.25$) on the anxiety attachment (Kong et al., 2018). The researcher adopted the Revised Adult Attachment Scale 18 item to measure adult attachment style. Bakermans-Kranenburg, et al. (2012) carried out an experimental study to understand the impact of institutional care on attachment disorganisation and insecurity of Ukrainian preschoolers showed various result in attachment styles. The result of the study among 37 preschoolers showed that the protective effect of the long variant of the serotonin transporter gene (5-HTT) indicated that 55% of the respondents expressed avoidant attachment, 27.7% had secure attachment, 16.6% insecure attachment. Overall, the study indicated that preschoolers had avoidant attachment which implied presence of worries and fear in attachment. In another study revealed that 45.8 % of the respondents had secured attachment, 4.2 % had Avoidant attachment, 8.3% showed resistant

attachment and 41.7 % had disorganised attachment (Bernier et al., 2004). The study was carried out among 24 foster infant-mothers and their children in Baltimore US. In Romania a study among 169 42-month-old institutionalised children since birth showed that 17.5% of children had secure attachment, 24.6% showed insecure avoidant, 12.3% had ambivalent attachment, 5.3% disorganised, and 40.4% had insecure attachment. It is evident that most of the respondents had insecure attachment, which was quite similar to finding established by Bakermans-Kranenburg et al. (2012) among preschoolers. Furthermore, in a study consisting of 63 couples ($N = 126$) carried out in Portugal to evaluate attachment style and psychological adjustment in couples showed the following results (Conde & et al., 2011). In relation to attachment, 58.7% of the participants had secure attachment, 23.8% expressed anxious attachment and 17.4% showed avoidant attachment. Attachment Style Interview scale was used to measure attachment style. Moon and Jin (2013) conducted a study to investigate the mediating effects of empathic ability and depression on the relationship between adult attachment and psychological well-being among 318 university students in Korea. The study found that anxious attachment was the highest attachment style with a mean of 3.29 ($SD = 0.96$) then avoidance attachment style ($M = 3.09$, $SD = 0.92$).

In a cross-sectional study to understand the prepared care: adult attachment and filial obligation among 165 women aged between 45 and 65 years old in the US sampled via convenience technique, Paulson, and Bassett (2016) revealed different levels of adult attachment among the respondents. The variable was measured using a Revised Adult Attachment Scale and the results indicated that most of the respondent had close attachment with a mean of 21.7 ($SD = 5.5$) followed by dependent attachment ($M = 18.3$, $SD = 5.2$) then anxious attachment ($M = 13.2$, $SD = 6.2$). Using Multiple-Item Measure of Adult Romantic attachment (MIMARA) to evaluate the levels of adult attachment in a cross-sectional study among 448 (240 females and 208

males) undergraduate students from Southwestern University USA established that on average the respondents had a mean of 3.40 ($SD = 1.07$) for anxiety attachment and a mean of 2.44 ($SD = 1.11$) for avoidance attachment (Shi, 2003). In general, the findings indicated that the respondents had higher levels of anxious attachment than avoidant attachment. In Australia, in a cross-sectional study to determine child and adult attachment styles among individuals who had committed filicide among 18 individuals, Eriksson et al. (2021) established that one-fifth of women and a quarter men expressed a secure attachment style. The study showed that most of the respondents who had committed filicide were considered to have insecure attachment style to their romantic partners. Moreover, the study adopted Experience in Relationship scale (ERS) to measure attachment among the respondents. In consideration of insecure attachment style among women it included dismissing and preoccupied and for men it entailed fearfulness.

A previous cross-sectional study carried among 1118 older community-dwelling residents of Brooklyn, New York who were sampled via stratified cluster-sampling method established that significant result in relation attachment (Merz & Nathan, 2009). The participants were clustered into four ethnic classifications, which were US-born African Americans, US-born European Americans, immigrants from English-speaking Caribbean, and the immigrant from Eastern Europeans. The study adopted relationship scale questionnaire (RSQ) to measure attachment and the results of the study showed that the respondents had a mean of 2.68 ($SD = 0.99$) on the secure attachment, mean of 3.72 ($SD = 0.83$) on the dismissing attachment, ambivalent/fearful attachment ($M = 1.99$, $SD = 0.70$). Generally, most of the respondents had high dismissing attachment. In Switzerland, a study to understand the adult attachment representations predict cortisol and oxytocin responses to stress among 74 adults showed that 39% of the respondents exhibited secure attachment, 32% had dismissing attachment, 22% preoccupied attachment and 7%

had unresolved attachment style. The researcher used the adult attachment interview (AAI) to evaluate attachment style among the sampled population. Among these adults, secure attachment was the most prominent attachment implying love and close connections with significant other.

In consideration of SSA, there are limited numbers of empirical studies carried out. Nonetheless, some of the previous empirical studies within Sub-Saharan Africa established varied results. In a study to understand the effect of institutional care on the quality of attachment of abandoned children in Kinshasa using Attachment Story Completion Task (ASCT) found that 33.3% had secure attachment, 4.7% insecure avoidant, 14.3% insecure ambivalent, and 47.6% disorganised attachment (Muadi et al., 2012). In Kenya, Wambua et al. (2018) in their study carried out among 137 adolescents attending two secondary schools in Nairobi established that there was a significant difference in vulnerability to attachment with adolescents from low Socioeconomic status showing higher vulnerability attachment score than those from middle socioeconomic status. Specifically, 90 % of the adolescents had a high level of vulnerability attachment, 61% had insecure anxious attachment and 16.8% had insecure avoidant attachment. Wambua et al. (2018) adopted a vulnerable attachment style questionnaire (VASQ) to measure level of attachment among the respondents and they concluded that attachment insecurity was influencing the development of emotional and behavioural problems in adolescents. A study carried out to explore the relationship between attachment styles and risk for problematic drug use among 400 aged between 18-29 years undergraduate students in selected universities in Nairobi and Kiambu found secure attachment was the most prevalent among the students (Owuor & Karega, 2020). Using the experiences in Close Relationships Revised (ECR-RS) questionnaire, the results showed that the mean for secure attachment was 11.46 ($SD = 2.56$), avoidant attachment style was ($M = 9.34$, $SD = 3.32$), and ambivalent attachment style was

$M = 7.93$, $SD = 3.47$). Polkovnikova-Wamoto et al. (2016) established that 84% of the respondents expressed secure attachment with their mothers, and 88% had secure attachment with their fathers in a study carried out among 20 children aged between 8 and 14 years old from an urban school in Nairobi. The researcher adopted the Child Attachment Interview (CIA) questionnaire.

METHODOLOGY

This study applied descriptive research design. The targeted population for the study were care leavers who had transitioned from children's homes and rehabilitation centres in Kenya and were members of the Kenya Society of Care Leavers. The participants were located across the country; therefore, the data collection was conducted virtually. Due to a small population of 350 members, a census sampling technique was applied for data collection. 294 ($M = 140$, $F = 154$) were able to participate in the study. The mean age was 25.7 ($SD \pm 5.21$) years old. For data collection, the Adult Attachment Scale (Revised) by Collins and Read (1996) was used. The instrument is an 18-item standardised questionnaire rated on a five-point Likert scale: '1 = not at all characteristic of me to 5 = very characteristic of me'. The research tool has three subscales' measures of attachment, which are secure, avoidant, and anxious. For secure/close attachment it establishes the extent to which an individual has comfortable closeness and intimacy and is measured using items 1, 6, 8, 12, 13, and 17. Avoidant attachment evaluates the extent to which a person feels they can depend on others to be available when needed and is measured using items 2, 5, 7, 14, 16, 18. The anxious attachment measures the extent to which a person is worried about being rejected or unloved and is measured by items 3, 4, 9, 10, 11, and 15. The scoring and interpretation of the instrument show that the total score ranges from 18 to a maximum of 90 on the main tool. On the subscales, the score ranges from 0-30 with higher scores indicating effective attachment. This study revealed that the adult attachment scale had good reliability with a Cronbach's alpha of 0.83, 0.79,

and 0.84 for secure, avoidant, and anxious attachment styles, respectively. For the analysis, the descriptive statistic was applied where both the measure of central tendencies and the measure of dispersion were calculated.

RESULTS

The socio-demographic information results indicated that of the total sample size, 52.4% were females, and 47.6% were males. Of the sample size, 77.6% indicated that they were still single, 19.0% were married, and 0.7% indicated that they were divorced. Concerning the age of the respondents, 44.7% were between 23-27 years old, 25.9% were between 18-22 years old, and 22.6% were between 28-32 years old. On the reasons for being at the children's home, 43.5% of the respondents said that they were orphaned and living with HIV. Poverty and economic needs had

17.7%. 8.2% reported that they needed educational support and protection needs. Of the kind of children's homes that they were hosted in, 46.3% were in charitable organisations, 34.0% were in privately owned children's homes, 10.9% were in faith-based facilities, and 8.8% were from government-owned facilities.

On the adult attachment style, the scoring and interpretation of the instrument indicated that the total score ranges from 18 to a maximum of 90 on the main tool. On the subscales, the score ranges from 0-30 with higher scores indicating effective attachment. A score less than 15 shows a low level of attachment, 16 -23 moderate and more than 24 highly attached person. *Table 1* shows the results of the adult attachment styles based on the analyses carried out.

Table 1: Adult Attachment Style

Attachment Level		Frequency	Per cent	M	SD
Secure	High	22	7.5	15.90	4.91
	Moderate	126	42.9		
	low	146	49.7		
	Total	294	100.0		
Avoidant	High	4	1.4	12.63	4.14
	Moderate	58	19.7		
	Low	232	78.9		
	Total	294	100.0		
Anxious	High	46	15.6	16.09	6.24
	moderate	88	29.9		
	low	160	54.4		
	Total	294	100.0		

As reported in *Table 1*, the results showed that the highest attachment style was anxious attachment style with a mean of 16.09 ($SD = 6.24$), followed by secure attachment style ($M = 15.90$, $SD = 4.91$) and lastly, avoidant attachment ($M = 12.63$, $SD = 4.14$). The result implied that most of the care leavers had a feeling of unworthiness of being loved and were insecure in their relationship. Looking at each of the domains of the adult attachment scale, the findings showed that only 7.5% had a high level of secure attachment, 42.9% had a moderate level of secure attachment, and 49.7% had low secure attachment. For the avoidant attachment style, 1.7% had a high avoidant attachment, 78.9% had a low avoidant

attachment, and 19.7% had moderate avoidant attachment. Subsequently, 15.6% of the respondents indicated a high anxious attachment style, 29.9% moderate and 54.4% low anxious attachment style.

On the itemised responses of the adult attachment style scale, *Table 2* shows the distribution of the results. The scoring was based on a Likert scale ranging from "1 = not at all characteristic of me to 5 = very characteristic of me".

Table 2: Itemized Responses on the Adult Attachment Style

	1	2	3	4	5	M	SD
I find it relatively easy to get close to people.	27.20%	10.20%	33.30%	10.90%	18.40%	2.83	1.42
I find it difficult to allow myself to depend on others.	29.90%	15.00%	23.10%	13.60%	18.40%	2.76	1.47
I often worry that romantic partners do not really love me.	33.30%	10.20%	29.30%	10.20%	17.00%	2.67	1.46
I find that others are reluctant to get as close as I would like	27.90%	12.90%	32.70%	13.60%	12.90%	2.71	1.35
I am comfortable depending on others	61.90%	7.50%	17.00%	6.80%	6.80%	1.89	1.29
I find that people are never there when you need them	27.90%	16.30%	27.90%	7.50%	20.40%	2.76	1.46
I do not worry about people getting too close to me	23.80%	13.60%	34.00%	13.60%	15.00%	2.82	1.34
I am somewhat uncomfortable being close to others	39.50%	16.30%	27.20%	6.80%	10.20%	2.32	1.33
I often worry that romantic partners will not want to stay with me.	37.40%	13.60%	24.50%	9.50%	15.00%	2.51	1.45
When I show my feelings for others, I am afraid they will not feel the same about me	34.00%	12.90%	25.90%	9.50%	17.70%	2.64	1.47
I often wonder whether romantic partners really care about me	34.00%	13.60%	22.40%	11.60%	18.40%	2.67	1.5
I am comfortable developing close relationships with others	25.20%	14.30%	27.20%	12.90%	20.40%	2.89	1.45
I am uncomfortable when anyone gets too emotionally close to me.	39.50%	12.90%	21.80%	9.50%	16.30%	2.5	1.49
I know that people will be there when I need them	40.10%	16.30%	23.10%	12.20%	8.20%	2.32	1.33
I want to get close to people, but I worry about being hurt	24.50%	17.00%	26.50%	8.80%	23.10%	2.89	1.47
I find it difficult to trust others completely	21.80%	8.80%	28.60%	12.90%	27.90%	3.16	1.48
Romantic partners often want me to be emotionally closer than I feel comfortable being	34.70%	12.20%	25.90%	13.60%	13.60%	2.59	1.43
I am not sure that I can always depend on people to be there when I need them	32.00%	10.90%	21.80%	11.60%	23.80%	2.84	1.56

As shown in *Table 2*, most of the respondents having the highest mean of 3.16 ($SD = 1.48$) indicated that they were finding it difficult to trust others completely. With a mean of 2.89 ($SD = 1.45$), the respondents indicated that they were comfortable developing close relationships with others. However, a similar proportion mentioned that they wanted to get close to people, but they were worried about being hurt. Another outstanding item on the attachment style was when the respondents said that they were not sure that they could

always depend on people whenever they needed them ($M = 2.84$, $SD = 1.56$). The least considered item on the adult attachment scale with a mean of 1.89 ($SD = 1.29$) was when the respondents mentioned that they were comfortable depending on others. This indicated that respondents were least secure about their relationship. Overall, the results could be construed that most of the respondents were least trusting of other people.

DISCUSSIONS

The study results on the adult attachment style indicated that most of the respondents had an anxious attachment style ($M = 16.09$ ($SD = 6.24$)). This was followed by the secure attachment style ($M = 15.90$, $SD = 4.91$) and, lastly, the avoidant attachment ($M = 12.63$, $SD = 4.14$). Descriptive results of each of the domains established that 15.6% of the care leavers had high levels of anxious attachment, 78.9% had a moderate avoidant attachment, and 49.7% had a low secure attachment style. In comparison with previous empirical studies, the present results were similar to Shi (2003), who carried out a study among 448 (240 females and 208 males) undergraduate students from Southwestern University USA. The study found that the undergraduate students were high in anxious attachment ($M = 3.40$, $SD = 1.07$), followed by avoidant attachment style ($M = 2.44$, $SD = 1.11$). Despite similar results, Shi (2003) adopted the Multiple-Item Measure of Adult Romantic attachment (MIMARA) to evaluate the levels of adult attachment compared to the adult attachment scale used in this study, and both results concurred. However, there were differences in population where the current study sampled adult care leavers, and the other study had undergraduate students from different sociocultural backgrounds.

The study findings also concur with Moon and Jin's (2013) findings, where they found that anxious attachment was the highest attachment style with a mean of 3.29 ($SD = 0.96$), then avoidance attachment style ($M = 3.09$, $SD = 0.92$) among 318 university students in Korea. The findings were also similar to Wambua et al. (2018) in another study carried out in Kenya among 137 adolescent students in high school in Nairobi who found that 90 % of the adolescents had a high level of vulnerability attachment, 61% had an insecure, anxious attachment and 16.8% had an insecure-avoidant attachment. The findings of this study are closely related to the present study results despite having a sample of adolescent students and not adult care leavers. Furthermore, Wambua et al. (2018) used a vulnerable attachment style

questionnaire (VASQ), which is quite a different tool from the current study measurement. In Romania, a study among 169 42-month-old institutionalised children since birth showed that 17.5% of children had a secure attachment, 24.6% were insecure-avoidant, 12.3 had an ambivalent attachment, 5.3% disorganised, and 40.4% had insecure attachment. It is evident that most of the respondents had insecure attachments.

Other empirical previous studies showed different results from the present study. In Korea, Kong et al. (2018) found that 115 adults in Korean clinics were higher in avoidant attachment with a mean of 16.50 ($SD = 5.25$) than anxiety attachment ($M = 16.50$, $SD = 5.25$). Despite the difference in results, both studies used the revised adult attachment style. Bakermans-Kranenburg et al. (2012) carried out another study that showed high avoidant attachment among 37 Ukrainian preschoolers who have been in institutional care. The result showed that 55% of the respondents expressed avoidant attachment, 27.7% had secure attachment, and 16.6% had insecure attachment. The studies that showed high avoidant attachment compared to the current study had differences in some aspects. The studies had different populations; Kong et al. (2018) used clinical patients from the Korean population, while Bakermans-Kranenburg et al. (2012) used preschoolers from Ukraine. The population and the cross-cultural differences could be the reasons for the differences in results. Muadi et al. (2012) found that 47.6% of the abandoned children in Kinshasa had a disorganised attachment. The study further indicated that 33.3% had a secure attachment, 4.7% were insecure-avoidant, and 14.3% were insecure ambivalent. The researcher used the Attachment Story Completion Task (ASCT) to measure attachment style.

Merz and Nathan (2009) in a cross-sectional study carried out among 118 older community-dwelling in Brooklyn, found that sampled population were highest in dismissing attachment ($M = 3.72$, $SD = 0.83$) followed by secure attachment ($M = 2.68$, $SD = 0.99$), then ambivalent/fearful attachment ($M = 1.99$, $SD = 0.70$). The study used the

relationship scale questionnaire (RSQ) to measure attachment, and stratified cluster sampling was adopted to select the respondents. Erisson (2021) found that 18 individuals in Australia who had committed filicide had insecure attachment styles towards their partners, and only one-fifth of women and a quarter of men expressed a secure attachment style. Experience in Relationship scale (ERS) was used to measure attachment style.

Other previous studies found contrary results by establishing secure attachment as the prominent adult attachment style. Bernier et al. (2004) in a study carried out among 24 foster infant mothers and their children in Baltimore US showed that 45.8 % of the respondents had a secure attachment, 4.2 % had Avoidant attachment, 8.3 % showed resistant attachment, 41.7 % had a disorganised attachment. In Portugal, Conde et al. (2011) found that 58.7% of the participants had a secure attachment, 23.8% expressed anxious attachment, and 17.4% showed avoidant attachment. Polkovnikova-Wamoto et al. (2016) established that 84% of the respondents expressed secure attachment with their mothers, and 88% had secure attachment with their fathers in a study carried out among 20 children aged between 8 and 14 years old from an urban school in Nairobi. The researcher adopted the Child Attachment Interview (CIA) questionnaire. This study was done among 63 Portuguese couples using the Attachment Style Interview scale to measure the attachment style.

In the US, Paulson and Bassett (2016) revealed that secure attachment was the highest adult attachment style, with a mean of 21.7 ($SD = 5.5$) among 165 women with filial obligations in the US. This was followed by dependent attachment ($M = 18.3$, $SD = 5.2$) and then anxious attachment ($M = 13.2$, $SD = 6.2$). The study adopted the revised adult attachment scale, and the respondents were sampled via convenience sampling technique. Paulson and Bassett (2016) use the same research instrument; however, the difference in results could be because of population differences where the present targeted care leavers while they focused on filial women.

Moreover, cross-cultural differences could be other factors considering the geographical differences between the Western world and Africa's collectivistic context. In Switzerland, a study found that 39% of the respondents exhibited secure attachment, 32% had dismissing attachment, 22% preoccupied attachment, and 7% had unresolved attachment style. The study was carried out among 74 adults using the adult attachment interview (AAI) to evaluate attachment style among the sampled population.

CONCLUSIONS

The aim of this study was to determine the adult attachment style among adults raised in children's homes in Kenya. The study established that most of the care leavers expressed an insecure, anxious attachment style. This finding implied that most of the care leavers had a feeling of unworthiness and low self-esteem of being loved and were insecure in their relationship. The study is very important when focusing on the number of increases in children's homes in Kenya. Mitigation measures should be put in place to support care leavers in building a more secure adult attachment. This would help to promote healthy families and social relations.

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