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Original Article

The Psychological Wellbeing among the Adults Raised in Children's Homes in Kenya

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Psychological Wellbeing, Care Leavers, Children's Home, Attachment Styles, Institutional Care.

The institutionalisation of children has been seen to increase the risk for emotional, developmental, cognitive and attachment disorders later in life. Transitioning out of institutionalised care and integrating into the outside world has been found to be a difficult experience for many care leavers. Some of them are not prepared to face the outside world, feel neglected and lack a support system. Some may experience socio-emotional distress owing to a lack of necessary social skills in life outside the institutions. The study purposed to assess the psychological wellbeing of adults who were raised in children's homes and other institutional care in Kenya and had since transitioned out. The descriptive survey design was employed to undertake the quantitative data with a census approach used to sample 294 (F =154, M =140) respondents. Ryff's scale of psychological wellbeing was the adapted research tool for data collection. The study results revealed that environmental mastery ($M = 23.46$, $SD = 7.47$) was the highest-scored domain of psychological wellbeing. This was followed by personal growth ($M = 23.14$; $SD = 7.52$) and then purpose to life ($M = 20.74$, $SD = 6.58$). The study had a mean of 21.31 ($SD = 7.15$), interpreted as being moderate psychological wellbeing among the care leavers. Based on the findings, organisations that support care leavers ought to create awareness and offer psychological support to care leavers. They can also collaborate with children's homes and other stakeholders to offer periodic training on promoting psychological wellbeing among children in care and care leavers. This is especially so in regard to the poorly scored domains such as personal growth, autonomy, and self-acceptance.

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INTRODUCTION

The vulnerability to mental health disorders among care leavers primarily starts at the facilities they were brought up in (Alliance for Children in Care and Care Leavers, 2017). The National Society for the Prevention of Cruelty in Children (NSPCC, 2015) reported that children and young people raised in institutionalised care were four times more likely to have mental disorders than children living with their biological families. The report further indicated that 72% of children aged between 5 and 15 years were at risk of emotional or behavioural problems when being admitted to care. Other studies have reported that at the point a child is being taken into a children's home, they have already experienced some form of abuse and/or neglect (Department of Education, 2015; Greeson et al., 2011). This means that children within care facilities could be experiencing some form of adverse childhood experiences. Other studies have reported a strong relationship between exposure to adverse childhood experiences and mental health disorders (Education Policy Institute, 2019; The Mental Health Foundation, 2002). Therefore, it could be argued that the psychological wellbeing of the child within the care facility and of care leavers is dependent on the conditions within the care facilities. If the conditions are favourable, they are likely to reduce the risk of chronic mental health disorders and, if not favourable, exacerbate the risk.

Mental health and psychological wellbeing of care leavers have been a major concern and different scholars have reported varying results. In a study carried out in Northern Ireland among 314 care leavers, the results of the study revealed that 23% of the care leavers had mental health challenges (Kelly et al., 2022). The study further revealed that 47% of those who had shown mental illness were not receiving any mental health services. Additionally, 21% of the sample size reported having attempted suicide within the preceding 12

months, and there were high levels of school and placement disruption, mostly among young care leavers. In a study done among 122 children in out-of-home care, 82 reunified children, and 159 children who had never been in care in the UK showed that there was no significant difference in psychological health between those who had been in out-of-home care and those who had never been in care (Baldwin et al., 2019). However, the study further indicated that children in out-of-home care had higher reactive attachment disorder than those who had never been in care. Nonetheless, it may be difficult to monitor all care leavers' lives all the time since there is no official data on some aspects of care leavers' lives.

According to Butterworth et al. (2017), it remains a matter of priority to check whether the care leavers have timely access to health services or not. It is paramount to check whether the care leaver left care at the right time or not. It additionally requires that the local authorities, the clinical commissioning groups, and relevant stakeholders ensure that effective plans are put in place to facilitate a smooth transition of care leavers to adulthood (Sims-Schouten & Hayden, 2017). Upon leaving care, children should continue to receive health care services, including health advice, particularly the regulation that emphasises a healthy working relationship between the care leavers and their advisers, doctors, and nurses. The health assessment of the care leaver therefore, becomes a continuous process that does not cease at the point of leaving care. Importantly, the care leavers and their advisers are entitled to receive information concerning training to boost their physical and mental health (Sims-Schouten & Hayden, 2017).

Regulation advises that the transition must be planned in advance and recommends a six-month time in order to allow social workers and all the parties involved to manage the transition smoothly for the careleaver to adjust without any form of mental harm. More importantly, the care

leavers are equipped with information that helps them to manage their health needs as much as they can. The procedure includes providing them with a summary of all their health records, including their genetic background and detailed information about their illness and treatment. Notably, such information must be given while considering important factors such as patient privacy. It is, therefore, paramount that sensitivity should guide the process to protect the care leaver from psychological distress (Sims-Schouten & Hayden, 2017). Care leavers are encouraged to work closely with the health team involved in their health assessment to ensure that health and access to positive activities compose part of their planning to transition. It is incumbent upon the care leaver's health team to make sure that they avail data that will help a care leaver manage their health when living independently. Care leavers living with a disability or those with special cases must also be furnished with sufficient health information so that they can have a seamless transition.

Notably care leavers who do not meet the criteria for adult services support the personal advisors are encouraged to access all forms of support including services offered by the voluntary sectors (Sims-Schouten & Hayden, 2017). Health care being a basic human need, has been identified as one of the major activities that can promote the psychological wellbeing of a care leaver. Additionally, the provision of basic health care support helps in mediating a smooth transition of the care leaver into adulthood. In Kenya, a survey carried out by KESCA (2018) recommended the following for children's homes to consider before dismissing care leavers from the facilities. Despite concerns about care leavers, there is limited empirical literature on the psychological wellbeing of care leavers. Therefore, this study proposed to assess psychological wellbeing.

LITERATURE REVIEW

Studies have analysed the relationship between parent and infant and their subsequent outcome as far as a child's welfare is concerned. Notably, psychological wellbeing stands out among the

social-emotional factors associated with children's wellbeing (Mónaco et al., 2019). Caregivers, whether primary or secondary, build the relationship between them and the child on trust and the relationship is characterised by communication that is devoid of alienation, an indicator of secure attachment. Importantly, the relationship that yields psychological wellbeing depends on parenting factors (Mónaco et al., 2019). For future mental schemes, warmth and communication help in strengthening the emotional bonds between children and their primary caregivers. Therefore, it is important to identify factors that contribute to children's wellbeing as early as possible in their lives. While in care homes, a child can develop a secure attachment to the caregiver only if they feel cared for and their needs are addressed with immediacy (Mónaco et al., 2019). It is therefore, upon the caregivers to ensure that they remain sensitive and respond appropriately to children's needs in order to help them develop a positive attitude of trust towards others.

Although psychological wellbeing is almost the same as other terms referring to positive mental states, there are important aspects of the term that define it. To understand psychological wellbeing, it is commendable to understand wellbeing. Many scholars have provided different definitions of the term wellbeing (De Chavez et al., 2005; Dodge et al., 2012; Henn, 2013), making the definition of the term more elusive. For example, Georgiades et al. (2019) define it from an autonomy perspective to include the ability to resist social pressures to think and act in certain ways. It implies their ability to regulate behaviour internally and evaluate themselves by some personal standards. The World Health Organization (WHO, 2017) conceptualises wellbeing as the holistic state of physical, mental, and social wellbeing and only the absence of disease or infirmity. Nonetheless, De Chavez (2005) argued that wellbeing could not be concluded to be synonymous with psychological health. Ryan Deci (2008) indicated that wellbeing has two aspects, which are hedonic, and eudemonic approaches. Hedonic is defined in

terms of subjective wellbeing, which is usually looked up in the form of the positive or negative affect and greater life satisfaction (Diener & Lucas, 1999). Eudaimonic is concerned with psychological wellbeing consisting of constructs such as happiness, self-actualisation, and vitality (McGregor & Little, 1998; Ryan & Deci, 2000).

Ryff (1989) conceptualised psychological wellbeing as a process of self-realisation consisting of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. Previous studies have defined psychological wellbeing to include subjective, healthy behaviours, psychological and social dimensions, and other practices that add meaning to a person's life and enable them to maintain their maximum potential (Ryff, 2014; Lun & Bond, 2016; Friedman et al., 2017; Brim et al., 2019). Notably, psychological wellbeing transcends happiness and satisfaction with life, which would otherwise substitute what the term actually means. The most important facets of psychological wellbeing (PWB) include subjective wellbeing, or the extent to which people experience positive emotions and the feeling of happiness. It is imperative to note that subjective wellbeing is not enough on its own as part of the overall psychological wellbeing. Secondly, psychological wellbeing can also be termed as the subjective happy feelings derived from things that we enjoy and feelings derived from a purposeful life. Therefore, Psychological wellbeing is a concept that encompasses several aspects that sum up to mental health, satisfaction with life and the ability to cope with emerging situations successfully without destabilising the internal or external self (Mónaco et al., 2019).

Theories about psychological wellbeing have generally focused on exploring the structure and dynamic of psychological wellbeing, such as its causes and consequences. They also look at PWB from a hedonic and eudaimonic perspective. As far as the PWB dynamic is concerned, to some extent, it remains stable and can only be influenced by one's underlying personality and previous experiences, such as early upbringing.

People are predisposed to mood and anxiety disorder by their stressful experiences; however, they can build resilience out of exposure to extremely traumatic events, thus protecting themselves against the effects of negative PWB. It is also paramount to note that day-to-day events can significantly alter the stability of baseline psychological wellbeing. According to Georgiades et al. (2019), people, however resilient they are, may eventually become very low or depressed if their daily experiences are constantly troubling. Studies also suggest a significant relationship between long-term exposure to work-related stressors and PWB. For psychological wellbeing early experience and underlying personality are the most important platforms; however, daily life experiences can also help in maintaining positive levels of PWB or creating negative levels of PWB, according to theorists.

The six factors that characterise psychological wellbeing are autonomy, personal mastery, a feeling of purpose and meaning in life, and personal growth and development. Autonomy is characterised by high scores in independence and self-regulation, regardless of what other people think of them. Environmental mastery is characterised by high scores in being able to manage one's environment, managing one's daily activities, and feeling in control of one's life. Personal growth is characterised by being open-minded, ready to explore new experiences and can push oneself to greater heights. Positive relations with others are characterised by being in meaningful relationships with others who are giving, empathetic and affectionate. Purpose in life is characterised by the belief that life has meaning. Self-acceptance is characterised by a positive attitude about self and having a good relationship with self. The different dimensions represent our wellbeing, and ability to fully function and stay positive regardless of our limitations or life challenges (Ryff & Singer, 2008). PWB is relatively stable and will have been influenced by both personality and previous experiences. Predisposing issues, including stressful or traumatic past experiences, could

increase the risk of suffering from psychological disorders.

EMPIRICAL LITERATURE

Several empirical results have shown important results in connection with psychological wellbeing. Despite having limited empirical studies on the psychological wellbeing of care leavers, numerous studies have evaluated psychological wellbeing with other different populations. A cross-sectional study with a sample of 572 men and 629 women from the Spanish general population, ranging in age from 65 to 94 years, showed that autonomy was the highest-scored domain (Matud et al., 2020). The study was meant to evaluate the gender and psychological wellbeing of older adults using Ryff's Psychological Wellbeing Scale to measure psychological wellbeing. Other results of the study indicated that positive relations with others had a mean of 25.64 ($SD = 5.59$), Autonomy ($M = 35.95$, $SD = 5.86$), environmental mastery ($M = 27.26$, $M = 4.51$), purpose in life ($M = 27.62$, $SD = 5.14$), and personal growth ($M = 25.64$, $SD = 4.75$). The findings concluded that the entire sample size was high in autonomy, followed by psychological wellbeing of purpose in life. Karasawa et al. (2011), in their study to determine whether 482 older Japanese adults would rate aspects of their wellbeing more highly than 3,032 older US adults, showed that older Japanese exhibited higher scores on personal growth compared to midlife adults. However, US midlife adults had higher scores on personal growth than older adults. Purpose in life was scored low in both US and Japanese cultures, whilst interpersonal wellbeing was rated higher in Japanese culture than in US culture.

One study used Ryff's scale to measure the psychological wellbeing among 857 elderlies in Spain. Galiana et al. (2020) showed that the respondents had a mean of 3.48 ($SD = 0.56$) for autonomy, environmental mastery ($M = 3.51$, $SD = 0.57$), personal growth ($M = 3.75$, $SD = 0.60$), positive relations with others ($M = 3.43$, $SD = 0.66$), purpose in life ($M = 3.21$, $SD = 0.70$), and self-acceptance ($M = 3.50$, $SD = 0.65$). Most of

the respondents exhibited high personal growth wellbeing. This implied that the Spanish respondents were open to new experiences and had a positive attitude towards continued development. Francis et al. (2021) established that about 51% of the respondents had shown high psychological wellbeing, and 49% had low psychological wellbeing. Based on Ryff's psychological wellbeing scale, 95.5% of the respondents exhibited purpose in life wellbeing. The study was meant to establish psychological wellbeing and perceived parenting style among 554 adolescents in 8th grade in Southern India. In another study to understand values and psychological wellbeing among 147 adolescents aged between 13 to 19 years from public secondary school in Poland, Bojanowska and Piotrowski (2019) used Ryff's psychological wellbeing to obtain results on levels of psychological wellbeing. The results indicated that the entire sample size had autonomy with a mean of 4.62 ($SD = 0.82$), environmental mastery ($M = 4.80$, $SD = 0.97$), personal growth ($M = 4.83$, $SD = 0.76$), positive relation ($M = 5.16$, $SD = 0.88$), purpose in life ($M = 4.70$, $SD = 0.96$), Self-acceptance ($M = 4.76$, $SD = 0.94$). The summary of the findings on the levels of psychological wellbeing showed that most of the adolescents were high on positive relation wellbeing.

Adopting Ryff's psychological wellbeing scale to understand the impact of sex work on psychological wellbeing among sex workers from Sri Lanka, Karunanayake et al. (2020) revealed that there was a negative impact of sex work on the psychological wellbeing of female workers. In relation to the scale of psychological wellbeing, negative impacts were on autonomy, environmental mastery, personal growth, and self-acceptance. In addition, the study showed that the sex workers had negative attitudes towards themselves because of their profession. A study to determine the gender difference among 588 students in the Philippines showed that most of the respondents scored high on the purpose in life aspect of psychological wellbeing with a mean of 27.2 ($SD = 5.18$) (Perez, 2012). This was followed by personal growth ($M = 26.85$, $SD = 4.98$), Self-

acceptance ($M = 22.67$, $SD = 4.28$), positive relations ($M = 21.56$, $SD = 5.66$), Environmental mastery ($M = 19.13$, $SD = 2.97$), and Autonomy ($M = 15.84$, $SD = 3.30$). This result established by Perez (2012) was similar to what Francis (2021) found, that most respondents were scored high in purpose in life domain. Moreover, quantitative research done among 554 adolescents studying in 8th and 9th grade in India sample via cluster sampling showed that the respondents were high in positive relations ($M = 32.0$, $SD = 6.24$) (Francis et al., 2021). This was followed by purpose in life ($M = 31.92$, $SD = 5.90$), self-acceptance ($M = 29.4$, $SD = 5.63$) then environmental mastery ($M = 29.31$, $SD = 4.99$), personal growth ($M = 27.43$, $SD = 5.33$), autonomy ($M = 27.17$, $SD = 4.87$).

In Australia, Barr (2016) carried out a cross-sectional study to determine the psychological wellbeing, positive changes in outlook and mental health in parents of sick newborns. The result showed that the descriptive statistics on the mean levels of psychological wellbeing between mothers and fathers were 102.9 ($SD = 11.02$) and 104.1 ($SD = 9.86$), respectively. The study adopted Ryff's psychological wellbeing to measure the variable among 111 couples who had their child admitted at the Children's Hospital at Westmead, Sydney, Australia. The result of the subscales of psychological wellbeing, revealed that the positive relation mothers had a mean of 17.0 ($SD = 3.20$) and fathers ($M = 18.0$, $SD = 3.40$). Self-acceptance for mothers was ($M = 17.5$, $SD = 3.03$) and for fathers ($M = 17.3$, $SD = 2.91$). Autonomy for mothers ($M = 16.8$, $SD = 2.88$) fathers ($M = 16.1$, $SD = 3.17$); personal growth for mothers ($M = 18.8$, $SD = 2.28$) fathers ($M = 18.7$, $SD = 2.67$); environmental mastery for mothers ($M = 16.8$, $SD = 2.68$) father ($M = 15.6$, $SD = 3.40$) and; personal growth for mothers ($M = 17.3$, $SD = 2.82$) fathers ($M = 17.2$, $SD = 2.85$). The analysis of the results showed that mothers had high levels of self-acceptance and purpose in life, whilst fathers had high levels of positive relations and personal growth. Ponterotto et al. (2007), in a study to understand multicultural personality dispositions and psychological wellbeing among

270 undergraduate and graduate students from two universities in the Northeast region of the USA, established that most of the respondents had scored highest ($M = 4.17$, $SD = 0.63$) in personal growth wellbeing. This was followed by positive relations with others ($M = 4.09$, $SD = 0.67$), environmental mastery ($M = 3.99$, $SD = 0.55$), autonomy ($M = 3.99$, $SD = 0.60$), self-acceptance ($M = 3.88$, $SD = 0.65$) and purpose in life ($M = 3.73$, $SD = 0.66$).

A comparative analysis study done to understand the psychological wellbeing and youth autonomy among 1146 Spanish and Colombian adolescents showed that both Spanish and Colombian adolescents scored high in autonomy ($M = 34.64$, $SD = 7.24$) and ($M = 33.89$, $SD = 6.32$) (Charry et al. 2020). The results of the other domains for the Spaniards were: personal growth ($M = 32.96$, $SD = 5.10$); positive relationships ($M = 27.62$, $SD = 6.09$); purpose in life ($M = 26.37$, $SD = 5.78$); self-acceptance ($M = 25.22$, $SD = 6.13$); and environmental mastery ($M = 24.64$, $SD = 5.25$). For the Colombians, the second highest score was personal growth ($M = 32.50$, $SD = 5.33$), purpose in life ($M = 27.71$, $SD = 5.49$), environmental mastery ($M = 25.85$, $SD = 4.82$), self-acceptance ($M = 25.19$, $SD = 5.36$), and positive relationships ($M = 23.88$, $SD = 6.09$). The findings showed that Spanish were low in environmental mastery, whilst Colombians scored least in positive relationships. García-Alandete et al. (2013) conducted a study to explore the predictive role of meaning in life and gender-specific differences in psychological wellbeing among 226 Spanish undergraduates with a mean age of 21.08 ($SD = 2.18$). The study adopted Ryff's scale and found that the respondents scored highest in the autonomy ($M = 25.66$, $SD = 5.12$) domain of psychological wellbeing. This was followed by positive relations ($M = 24.24$, $SD = 4.55$), purpose in life ($M = 23.59$, $SD = 4.11$), environmental mastery ($M = 22.13$, $SD = 3.49$), personal growth ($M = 19.93$, $SD = 3.16$) and lastly self-acceptance ($M = 18.25$, $SD = 3.65$).

Within Sub-Saharan Africa, there are limited studies covering the psychological wellbeing of

care leavers. However, some studies look into the psychological wellbeing of various populations. Previous studies have shown that there are various risk factors for a lack of psychological wellbeing, such as vulnerability to depression and anxiety (Kilburn et al., 2016; Vigo et al., 2016). A study done in South Africa among 1025 children who were orphaned and non-orphaned using depression inventory to measure their psychological wellbeing showed that children who were orphaned because their parents had died of AIDS had a significant relationship with depression, PTSD, delinquent behaviours, and conduct problem (Cluver, et al., 2007). Manuel (2002), in a study with 150 children (76 orphans and 74 non-orphans) in Mozambique to understand their psychological wellbeing using Rand and Beck inventories, found that orphaned children had higher depressive symptoms, were easily bullied and were less likely to have trusted friends as compared to non-orphaned children. Cluver and Gardner (2006) in South Africa obtained similar results in a comparative study of orphaned and non-orphaned children. The researcher showed that orphaned children exhibited somatic symptoms, had difficulty concentrating, were less likely to have friends, and were quickly losing their temper.

In Ethiopia, a study to establish a relationship between perceived social support and psychological wellbeing among 162 HIV/AIDS patients showed that the respondents had scored highest in personal growth with a mean of 13.60 ($SD = 3.32$) (Beka & Shaka, 2018). The other scores were as follows: Autonomy had a mean of 13.00 ($SD = 3.65$), positive relation with others ($M = 12.68, SD = 3.52$), purpose in Life ($M = 12.62, SD = 2.86$), Self-acceptance ($M = 11.85, SD = 3.14$), and the lowest score was environmental mastery ($M = 11.44, SD = 3.54$). In another empirical study carried out among 81 children in Tanzania using Rand mental health and Beck depression inventories, the results showed that orphaned children had higher internalising problems, were more likely to drop out of school and exhibited increased suicidal ideation (Makame & Ani, 2002). Furthermore, Atwine et

al. (2005), using a Beck youth inventory of 233 children who were orphans and non-orphans in Uganda, found that orphaned children had higher levels of depression, anxiety, and aggression than non-orphaned children did. In Kenya, a study comprising 190 women who were sampled by stratified random sampling in Njoro, Nakuru County, revealed that the respondents scored a high average of 3.98 in the purpose in-life domain of psychological wellbeing (Nyawira et al. 2021). Using Ryff's scale, the second most frequent domain was personal growth, followed by positive relations, whilst the lowest score for psychological wellbeing was autonomy. The result implied that women in entrepreneurship were more directed towards their goals in life; however, they were likely to experience a lot of social pressure and difficulty in upholding their own opinions.

Madu et al. (2022) carried out a study to understand career choice and psychological wellbeing of 270 undergraduate students from Nairobi University using Ryff's scale. The study showed that most of the respondents scored high in environmental mastery ($M = 5.28, SD = 1.33$). The other scores of the psychological domain were autonomy ($M = 4.62, SD = 1.17$), personal growth ($M = 4.29, SD = 0.7$), purpose in life ($M = 4.32, SD = 1.63$), self-acceptance ($M = 2.51, SD = 1.19$), positive relationship with others ($M = 2.44, SD = 1.31$). Another cross-sectional study to understand mobile phone dependency and psychological wellbeing among 357 students in selected secondary schools in Nairobi County found that personal growth ($M = 5.09, SD = 2.00$) was the prevalent domain of psychological wellbeing. This mixed-method study adopted the Ryff's scale, and the other scores are shown as follows: self-acceptance ($M = 4.91, SD = 1.55$), purpose in life ($M = 4.73, SD = 1.43$), autonomy ($M = 4.63, SD = 1.24$), positive relations ($M = 4.13, SD = 1.37$) and environmental mastery ($M = 4.2, SD = 1.37$).

METHODOLOGY

The targeted population for the study were adults who had been raised and had transitioned from

children's homes and rehabilitation centres in Kenya, otherwise known as care leavers. The sample consisted of members of Kenya's society of care leavers. The members were located across different parts of the country; therefore, the data collection was conducted online. Due to a small population of 350 members, the census sampling technique was adopted. 294 ($M = 140$, $F = 154$) respondents participated in the study. The mean age of the respondents was 25.7 ($SD \pm 5.21$) years old. In collecting data on psychological wellbeing, the Psychological Wellbeing Scale (PWS) by Ryff and Keyes (1995) was employed. The measurement is a 42-item questionnaire that evaluates psychological wellbeing based on six aspects of the subscales, which are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The tool is rated on a seven-point Likert scale ranging from "1 = strongly agree to 7 = strongly disagree". For scoring the instrument, one needs to find the summation of the six subscales of psychological wellbeing as follows:

- Autonomy: items 1, 7, 13, 19, 25, 31, 37
- Environmental mastery: items 2, 8, 14, 20, 26, 32, 38
- Personal growth: items 3, 9, 15, 21, 27, 33, 39
- Positive Relations: items: 4,10,16,22,28,34,40
- Purpose in life: items: 5,11,17,23,29,35,41
- Self-acceptance: items 6,12,18,24,30,36,42

However, there are some items that are scored in reverse, and these are 3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41. The interpretation of the score shows that a high score indicates low levels of each of the dimensions. The subscale total ranges from 7 to 49, and the entire psychological wellbeing ranges from 42 to 294. A score of less than 14 indicates a high level of psychological wellbeing, 15-35 indicates a moderate level, and > 36 indicates a low level of psychological wellbeing. For the analysis, the descriptive statistic was applied

where both the measure of central tendencies and the measure of dispersion were calculated.

RESULTS

The analyses of the study were in line with the instrument of measurement, which was the Ryff Scales of Psychological Wellbeing. The tool is rated in terms of six subscales: Autonomy, Environmental mastery, Personal Growth, Positive Relations, Purpose in life, and Self-acceptance. The score and interpretation were that a score less than 14 implies a high level of psychological wellbeing, 15-35 is a moderate level, and a score greater than 36 indicates a low level of psychological wellbeing. *Table 1* shows the distribution of the results on psychological wellbeing.

As stated in *Table 1*, the respondents scored high on the environmental mastery aspect of psychological wellbeing with the highest mean of 23.46 ($SD = 7.47$). This could be construed that the respondents had good and effective mastery of their surroundings. The environmental mastery domain was followed by the personal growth subscale of psychological wellbeing with a mean of 23.14 ($SD = 7.52$). The third was a purpose to life ($M = 20.74$, $SD = 6.58$), positive relation ($M = 20.64$, $SD = 7.08$), self-acceptance ($M = 20.56$, $SD = 7.67$) and the least psychological wellbeing was autonomy with a mean of 19.37, ($SD = 6.60$). It could be concluded that care leavers were low in self-reliance and dependency.

On the different levels of each of the subscales of psychological wellbeing, 75.5% of the respondents had a moderate level of autonomy, and 22.4% had high autonomy. For the environmental mastery, 85.7% moderate level and 11.6% high. On personal growth psychological wellbeing 83.7% had moderate, and 13.6% had high personal growth levels. Additionally, for the positive relation subscale, 78.2% had a moderate level of positive relation and 20.4% had a high level. The other subscale indicated that 80.3% had moderate, and 18.4% had a high level of purpose to life. For self-acceptance, 70.1% had moderate, and 27.2% had high levels of self-acceptance and

psychological wellbeing, respectively. For the entire respondents, the study had a mean of 21.31($SD = 7.15$), which could be interpreted in line with the psychological.

Table 1: Levels of Psychological Wellbeing

Psychological Wellbeing	Level	Frequency	Per cent	M	SD
Autonomy	High	66	22.4	19.37	6.60
	Moderate	222	75.5		
	Low	6	2.0		
	Total	294	100.0		
Environmental Mastery	High	34	11.6	23.46	7.47
	Moderate	252	85.7		
	Low	8	2.7		
	Total	294	100.0		
Personal Growth	High	40	13.6	23.14	7.52
	Moderate	246	83.7		
	Low	8	2.7		
	Total	294	100.0		
Positive Relation	High	60	20.4	20.64	7.08
	Moderate	230	78.2		
	Low	4	1.4		
	Total	294	100.0		
Purpose to Life	High	54	18.4	20.74	6.58
	Moderate	236	80.3		
	Low	4	1.4		
	Total	294	100.0		
Self-acceptance	High	80	27.2	20.56	7.67
	Moderate	206	70.1		
	Low	8	2.7		
	Total	294	100.0		

DISCUSSION

The aim of this study was to assess the psychological wellbeing of adults raised in children's homes in Kenya; the results of the study showed that the highest psychological wellbeing among the care leavers was environmental mastery, having a mean of 23.46 ($SD = 7.47$). Personal growth was scored as the second psychological wellbeing with a mean of 23.14 ($SD = 7.52$). These were followed by purpose to life ($M = 20.74$, $SD = 6.58$), positive relation ($M = 20.64$, $SD = 7.08$), self-acceptance ($M = 20.56$, $SD = 7.67$) and the last autonomy with a mean of 19.37, ($SD = 6.60$). In comparison with the study findings, several studies have produced varied results. The results of this study were similar to Madu et al. (2022) results, which established that environmental mastery ($M = 5.28$, $SD = 1.33$) was the highest score domain among 270 undergraduate students from Nairobi University

using Ryff's scale. The study showed that the other score of the psychological domain were autonomy ($M = 4.62$, $SD = 1.17$), personal growth ($M = 4.29$, $SD = 0.7$), purpose in life ($M = 4.32$, $SD = 1.63$), self-acceptance ($M = 2.51$, $SD = 1.19$), positive relationship with others ($M = 2.44$, $SD = 1.31$). The difference between these results and this study was that the respondents had scored lowest in positive relation compared to the current study, which showed autonomy. The similarity in the highest score could be the result of having the same population with similar cross-cultural factors, considering both studies were done in Nairobi. Moreover, the same measurement was used in both studies.

Bojanowska and Piotrowski (2019) found that positive relation ($M = 5.16$, $SD = 0.88$) was the prominent psychological wellbeing in a study carried out among 147 adolescents aged between 13 to 19 years from public school in Poland.

However, the study revealed that autonomy was the least scored domain, which concurred with the current study. The other scores were; personal growth ($M = 4.83$, $SD = 0.76$), environmental mastery ($M = 4.80$, $SD = 0.97$), Self-acceptance ($M = 4.76$, $SD = 0.94$), personal growth ($M = 4.83$, $SD = 0.76$). The similarity between Bojanowska and Piotrowski's (2019) findings and the present study was that both studies used similar research tools to measure psychological wellbeing despite having different populations. Nonetheless, Matud et al. (2020) found contrary results to the present study by establishing Autonomy ($M = 35.95$, $SD = 5.86$) as the main psychological wellbeing among 572 men and 629 women from the Spanish general population of age ranging from 65 to 94 years. However, differences in population could be the contributing factor to dissimilarity in findings. One study used older individuals from the general population, and the other used a much younger population with a mean age of 25.7 years. The other findings on psychological wellbeing indicated that positive relations had a mean of 25.64 ($SD = 5.59$), self-acceptance had a mean of 26.84 ($SD = 4.97$), environmental mastery ($M = 27.26$, $SD = 4.51$), purpose in life ($M = 27.62$, $SD = 5.14$), and personal growth ($M = 25.64$, $SD = 4.75$). The study concluded that the population was low in positive relation and personal growth, which contrasted with the present study's finding.

Another study by Karasawa et al. (2011) reported a contrasting result by indicating personal growth as the prevalent psychological wellbeing among 482 Japanese adults. The ages of the respondents in this study were much older than the present study, which could have been a factor in the difference in the findings despite using the same research instrument. Another study by Galiana et al. (2020) using Ryff's scales to measure psychological wellbeing established that most of the respondents were high on personal growth ($M = 3.75$, $SD = 0.60$). The results reflected what Karasawa et al. (2011) had found among Japanese and American adults. This study was carried out among 857 elderlies in Spain. The other results on psychological wellbeing indicated that the

respondents had a mean of 3.48 ($SD = 0.56$) for autonomy, environmental mastery ($M = 3.51$, $SD = 0.57$), positive relations with others ($M = 3.43$, $SD = 0.66$), purpose in life ($M = 3.21$, $SD = 0.70$), and self-acceptance ($M = 3.50$, $SD = 0.65$). These results were different from the present study findings, with self-acceptance as the lowest score for psychological wellbeing. The variance in results in these studies could have been because of the use of different populations with different cross-cultural differences. Also, the sample in Galiana et al. (2020) was bigger than for the present study, and this could influence the analysed results. Another factor could be because of variability in population. Galiana et al. (2020) and (Karasawa et al. (2011) targeted individuals who were older in age compared to the present study, and the populations were not care leavers. Moreover, In India, Francis et al. (2021) established a contrasting result by indicating that 95% of 554 adolescents in 8th grade had a purpose in life and psychological wellbeing. This population was comprised of children aged between 13 and 16 years, which is quite different from the adult sample in the present study. Francis et al. (2021) used Ryff's psychological wellbeing scale. Barr (2016) in Australia found contrasting results. He established that mothers had high levels of self-acceptance and purpose in life, whilst fathers had high levels of positive relations and personal growth. The prevalent psychological wellbeing domains in these groups of individuals were different from what this study found. The study was done among 111 couples who had had their child admitted at the Children's Hospital at Westmead, Sydney, Australia. The adult attachment scale was administered. The descriptive results were as follows: For the positive relation, mothers had a mean of 17.0 ($SD = 3.20$) and fathers ($M = 18.0$, $SD = 3.40$). For self-acceptance, mothers had ($M = 17.5$, $SD = 3.03$) while fathers scored (17.3, $SD = 2.91$). Autonomy for mothers ($M = 16.8$, $SD = 2.88$) fathers ($M = 16.1$, $SD = 3.17$). The personal growth for mothers ($M = 18.8$, $SD = 2.28$) fathers ($M = 18.7$, $SD = 2.67$). The environmental mastery for mothers ($M = 16.8$, $SD = 2.68$) father ($M = 15.6$, $SD = 3.40$) and personal growth for mothers (M

=17.3, $SD = 2.82$) fathers ($M = 17.2$, $SD = 2.85$). This result showed that personal growth was the lowest domain scored among the respondents, which does not reflect similarity to the current study.

In another study, Ponterotto et al. (2007) showed that personal growth ($M = 4.17$, $SD = 0.63$) was the most experienced psychological wellbeing among 270 undergraduate students from the USA. This result is dissimilar to what Barr (2016) found and what this study established. The result of other domains provides an inverse of what Barr (2016) had found as follows: positive relations with others ($M = 4.09$, $SD = 0.67$), environmental mastery ($M = 3.99$, $SD = 0.55$), autonomy ($M = 3.99$, $SD = 0.60$), self-acceptance ($M = 3.88$, $SD = 0.65$) and purpose in life ($M = 3.73$, $SD = 0.66$). The study showed that self-acceptance was the least expressed psychological wellbeing among students. Despite all these studies using the same Ryff scale, they show contrasting results, which could be the result of population and cross-cultural differences. Subsequently, Perez (2012) found dissimilar results by indicating that the highest psychological wellbeing among 588 students in the Philippines was purpose in life ($M = 27.2$, $SD = 5.18$). However, there was a similarity in the lowest score domain, which was Autonomy ($M = 15.84$, $SD = 3.30$), despite having Perez (2012) sampling students and the present selecting adult care leavers. The other domains results showed personal growth ($M = 26.85$, $SD = 4.98$), Self-acceptance ($M = 22.67$, $SD = 4.28$), positive relations ($M = 21.56$, $SD = 5.66$), Environmental mastery ($M = 19.13$, $SD = 2.97$). The slight variance in the highest could be attributed to sample size, geographical differences, and the research design used to undertake the studies.

A study by Nyawira et al. (2021) showed contrasting results. The study established that purpose in the life domain was the highest psychological wellbeing among 190 women in Njoro, Nakuru County. This study adopted Ryff's psychological wellbeing scale, having a population with little cross-cultural differences

still showed variance in results. However, Nyawira et al. (2021) found related results by reporting that autonomy was the lowest score for psychological wellbeing. The related result could be because of the similarity in the sample size and the same geographical location. Nonetheless, both studies used different sampling methods. Nyawira et al. (2021) adopted stratified random sampling, yet the present study used non-probability census sampling. Additionally, there were differences in characteristics of the population; one had entrepreneur women, and the other had adult care leavers. These factors could have led to variance in some results, especially in the highest-scored domain of psychological wellbeing.

CONCLUSION

The findings showed that most of the care leavers scored high on environmental mastery, personal growth, and purpose in line. It should be considered that most care leavers experience a myriad of challenges once they have transitioned out of children's homes. It is, therefore important various stakeholders should take measures to improve the mental health and psychological wellbeing of care leavers. This study contributes to the discourse on the mental health and psychological wellbeing of care leavers.

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