



CHILDHOOD CARE ENVIRONMENT AND ADULT MENTAL WELL-BEING: A COMPARATIVE STUDY OF WOMEN RAISED IN GOVERNMENT CHILDREN'S HOMES AND FAMILY SETTINGS

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1. ABSTRACT

Childhood care environments may have long-term implications for psychological development and mental well-being. The present study compared adult mental well-being among women raised in government children's homes and women raised in family settings and examined whether mental well-being differed according to age. A comparative cross-sectional research design was used. The study included 200 adult women, comprising 100 women raised in government children's homes and 100 women raised in family settings. Of the total sample, 56 participants were below 30 years of age and 144 were aged 30 years or above. A researcher-developed demographic data sheet and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) were used for data collection. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize the data. Independent-samples t-tests were used to compare mental well-being according to childhood care background and age group. Women raised in family settings obtained a slightly higher mean score than women raised in government children's homes; however, the difference was not statistically significant, $t(198) = 1.06$, $p = .289$. The findings suggest that childhood care setting alone may not account for differences in adult mental well-being. The quality of care, continuity of supportive relationships, educational opportunities, social support, resilience, and post-care experiences may also contribute to adult psychological adjustment. The study highlights the importance of continued psychosocial support and accessible mental health services for women with care experience.



KEYWORDS: childhood care environment, adult mental well-being, institutional care, care leavers, family care, women.

2. BACKGROUND

Childhood is a critical period for emotional, social, and psychological development. Early caregiving experiences contribute to the development of emotional security, trust, self-concept, social competence, and the ability to establish supportive relationships. The quality, stability, and continuity of care may therefore influence psychological functioning across the life span.

Children may be raised in family-based or institutional care settings because of parental loss, abandonment, neglect, family conflict, poverty, illness, or other social circumstances. Family-based care may provide opportunities for stable attachment relationships, emotional support, identity development, guidance, and a sense of belonging. However, family environments vary considerably, and family care does not always provide consistent safety, emotional support, or stability.

Government children's homes provide protection, accommodation, education, health care, and other essential services to children who are unable to remain in their family environments. Institutional care

may provide safety and structure, particularly for children who have experienced adversity or inadequate family support. At the same time, institutional environments may differ from family settings in caregiver continuity, individualized attention, emotional attachment, privacy, autonomy, and opportunities for long-term support. Research on institutional care has indicated that the developmental effects of institutional placement may depend on factors such as the age at placement, duration of care, quality of caregiving, level of deprivation, and experiences after leaving care (Nelson et al., 2007; van IJzendoorn et al., 2011).

The transition from institutional care to adulthood may involve challenges related to housing, education, employment, financial independence, social relationships, and access to continuing support. Care leavers may experience multiple transitions without the long-term family support available to many of their peers (Dixon et al., 2017). However, outcomes are not uniform. Some individuals develop resilience, independence, adaptability, and effective coping skills, particularly when they receive supportive relationships, educational opportunities, stable employment, and access to appropriate services.

Adult mental well-being is a multidimensional construct that includes positive emotional functioning, psychological functioning, social connectedness, self-acceptance, purpose in life, and the capacity to manage everyday challenges. Mental well-being is not simply the absence of mental illness. Positive mental well-being may coexist with experiences of stress or emotional difficulty and is influenced by personal, social, and environmental factors (Tennant et al., 2007).

Women with a history of institutional care may experience diverse pathways during adulthood. Their psychological adjustment may be influenced not only by childhood care setting but also by the quality of care received, relationships with caregivers and peers, educational attainment, employment, financial security, social support, marital and family experiences, and post-care circumstances. Therefore, comparisons between women raised in government children's homes and those raised in family settings should avoid assuming that all institutional-care experiences produce the same outcomes.

Age may also be associated with adult mental well-being. Women below 30 years may be navigating transitions related to education, employment, financial independence, marriage, parenting, and the development of long-term relationships. Women aged 30 years and above may have accumulated different life experiences and coping resources but may also experience increased family, occupational, financial, or caregiving responsibilities. The present study therefore examined mental well-being according to both childhood care background and age.

3. LITERATURE REVIEW

Recent literature has highlighted that the transition from institutional care to independent adult life can significantly influence the mental health, social inclusion, and overall well-being of care leavers. Studies have emphasized the importance of adequate support services, stable relationships, autonomy, and access to education, employment, housing, and mental health care during this transition.

Rice and O'Connor (2023) conducted a systematic review examining the effect of support provisions on the mental health of young adult care leavers. The review indicated that continued practical, emotional, and financial support may contribute to improved mental health outcomes during the transition from care to adulthood.

Dunning et al. (2023) conducted a systematic review of interventions targeting the mental health and well-being of care-experienced children and young people. The findings suggested that mental health interventions may be beneficial; however, the effectiveness of interventions varied according to individual needs, intervention characteristics, and the quality of available evidence.

Prendergast et al. (2024) scoping review on barriers and enablers to care-leavers' engagement with multi-agency support services identified several factors affecting service utilization. Barriers included limited awareness of available services, stigma, lack of trust, poor communication, and difficulties in coordinating support. Supportive relationships, accessible services, and effective collaboration among agencies were identified as important facilitators.

Häggman-Laitila, Saloekkilä, and Karki (2024) conducted a systematic review on the social inclusion of care leavers during their transition to adulthood. The review highlighted the importance of supportive social networks, participation in education and employment, community involvement, and access to stable services in promoting social inclusion and successful adjustment.

Kelly, van Breda, and Frimpong-Manso (2025) explored social justice issues affecting young people leaving care in African contexts. The study highlighted experiences of inequality, social exclusion, limited opportunities, and inadequate access to essential resources. The findings emphasized the need for rights-based and socially responsive support systems for care leavers.

Chikwava, F., Cordier, R., Ferrante, A., and O'Donnell, M. (2025) study on resilience and mental health among care leavers examined the role of social support, autonomy, and protective factors. The study suggested that supportive relationships, opportunities for independent decision-making, and personal resilience may contribute to better mental health and adaptation during the transition to adulthood.

Thus, the reviewed studies indicate that young adults leaving institutional care may experience psychological and social challenges during their transition to independent life. At the same time, continued support, positive social relationships, autonomy, resilience, and access to coordinated services may promote mental well-being and successful adjustment. These findings support the need to examine the mental health and psychological challenges experienced by women who transition from institutional care to adult life.

4. PROBLEM STATEMENT

Childhood care environments play an important role in emotional, psychological, and social development. Women who are raised in government children's homes may experience childhood circumstances that differ from those of women raised in family settings. Differences in caregiver continuity, emotional support, attachment experiences, individualized attention, social relationships, educational opportunities, and post-care support may influence psychological adjustment and mental well-being during adulthood. However, experiences within both institutional and family settings are diverse, and the childhood care environment alone may not determine adult mental well-being.

Although previous research has examined the developmental and psychological outcomes of institutional care, comparatively fewer studies have focused on adult women who were raised in government children's homes and compared their mental well-being with women raised in family settings. Furthermore, the relationship between age and adult mental well-being among women with different childhood care backgrounds requires further examination.

Therefore, the present study aimed to assess and compare adult mental well-being among women raised in government children's homes and women raised in family settings. The study also examined whether adult mental well-being differed between women below 30 years of age and women aged 30 years and above.

5. RESEARCH QUESTIONS

1. What is the level of adult mental well-being among women raised in government children's homes?
2. What is the level of adult mental well-being among women raised in family settings?
3. Is there a statistically significant difference in adult mental well-being between women raised in government children's homes and women raised in family settings?
4. Is there a statistically significant difference in adult mental well-being between women below 30 years of age and women aged 30 years and above?

6. OBJECTIVES

1. To assess adult mental well-being among women raised in government children's homes and women raised in family settings.
2. To compare adult mental well-being between women raised in government children's homes and women raised in family settings.

3. To examine whether adult mental well-being differs between women below 30 years of age and women aged 30 years and above.

7. HYPOTHESES

H_{01} : There is no statistically significant difference in adult mental well-being between women raised in government children's homes and women raised in family settings.

H_{02} : There is no statistically significant difference in adult mental well-being between women below 30 years of age and women aged 30 years and above.

8. METHODOLOGY

8.1 Research Design

A comparative cross-sectional research design was adopted to examine differences in adult mental well-being according to childhood care background and age group.

8.2 Participants

The study included 200 adult women. Of these, 100 participants had been raised in government children's homes and 100 had been raised in family settings. Regarding age, 56 participants (28%) were below 30 years of age, while 144 participants (72%) were aged 30 years and above.

8.3 Sampling Technique

Participants were selected using a non-probability sampling method based on accessibility and the study inclusion criteria.

8.4 Criteria of inclusion

- a) Participants aged 20–40 years.
- b) Participants who were raised primarily in a government children's home or a family setting.
- c) Participants who were willing to participate and provide informed consent.

8.5 Criteria of exclusion

- a) Participants who were below 20 years or above 40 years of age.
- b) Participants with an unclear or unknown childhood care background.
- c) Participants who were unwilling or unable to provide informed consent.

8.6 Tools

1. Demographic Data Sheet
2. Warwick–Edinburgh Mental Well-Being Scale (WEMWBS)
3. Multidimensional Scale of Perceived Social Support (MSPSS)

8.7 Procedure

Permission was obtained from the relevant authorities before data collection. Participants were informed about the purpose of the study, the voluntary nature of participation, confidentiality of responses, and their right to withdraw without penalty. Written informed consent was obtained before participation. No personally identifying information was included in the research dataset.

8.8 Statistical Analysis

The data were analyzed using descriptive and inferential statistics. Frequency and percentage were used to summarize the demographic characteristics of the participants. Mean and standard deviation were used to describe adult mental well-being scores. An independent-samples t-test was used to compare adult mental well-being according to childhood care background. An independent-samples t-test was also planned to examine differences in adult mental well-being according to age group. Statistical significance was assessed at the .05 level.

9. RESULTS

Table 1
Distribution of Participants According to Childhood Care Background

Childhood care background	%	n
Government children's home	50.0	100
Family setting	50.0	100
Total	100.0	200

Interpretation

Table 1 presents the distribution of participants according to childhood care background. The study included 200 women, with equal representation from the two childhood care groups. One hundred participants (50.0%) had been raised primarily in government children's homes, while 100 participants (50.0%) had been raised primarily in family settings.

The equal distribution of participants provided balanced group sizes for comparing adult mental well-being according to childhood care background.

Table 2
Distribution of Participants According to Age

Age group.	n	%
Below 30 years	56	28.0
30 years and above	144	72.0
Total	200	100.0

Interpretation

Table 2 presents the distribution of participants according to age. Of the 200 participants, 56 women (28.0%) were below 30 years of age, whereas 144 women (72.0%) were aged 30 years and above.

Thus, the majority of the participants belonged to the 30-years-and-above age group. The unequal distribution between the two age groups should be considered when interpreting the age-related findings.

Table 3
Comparison of Adult Mental Well-Being According to Childhood Care Background

Childhood care background	n	Mean	SD	t	df	p
Government children's home	100	14.32	5.19	1.06	198	.289
Family setting	100	15.35	8.18	-	-	-

Interpretation

Women raised in family settings obtained a slightly higher mean adult mental well-being score ($M = 15.35$, $SD = 8.18$) than women raised in government children's homes ($M = 14.32$, $SD = 5.19$). However, the difference between the two groups was not statistically significant, $t(198) = 1.06$, $p = .289$.

Since the p-value (.289) was greater than the predetermined significance level of .05, the null hypothesis was not rejected. Therefore, there was no statistically significant difference in adult mental well-being between women raised in government children's homes and women raised in family settings.

The result indicates that childhood care background, when classified broadly as government children's-home care or family care, was not significantly associated with differences in adult mental well-being in the present sample.

Table 4
Comparison of Adult Mental Well-Being According to Age

Age group	n	Mean	SD	t	df	p
Below 30 years	56	13.58	6.32	0.73	198	.451
30 years and above	144	14.21	5.79	-	-	-

Interpretation

Table 4 presents the comparison of adult mental well-being according to age group. Women aged 30 years and above obtained a slightly higher mean mental well-being score ($M = 14.21$, $SD = 5.79$) than women below 30 years of age ($M = 13.58$, $SD = 6.32$).

However, the difference in mean adult mental well-being scores between the two age groups was not statistically significant, $t(198) = 0.73$, $p = .451$. Since the obtained p-value (.451) was greater than the predetermined level of significance (.05), the null hypothesis (H_{02}) was not rejected.

Therefore, the findings indicate that there was no statistically significant difference in adult mental well-being between women below 30 years of age and women aged 30 years and above in the present study. Although women aged 30 years and above obtained a slightly higher mean score, the observed difference was small and was not statistically significant. Thus, the difference may be attributed to variation within the sample rather than to a meaningful effect of age group.

10.DISCUSSION

The present study examined adult mental well-being among women aged 20–40 years who were raised in government children's homes and women who were raised in family settings. The study also examined whether adult mental well-being differed between women below 30 years of age and women aged 30 years and above.

The findings showed that women raised in family settings obtained a slightly higher mean mental well-being score ($*M* = 15.35$, $*SD* = 8.18$) than women raised in government children's homes ($*M* = 14.32$, $*SD* = 5.19$). However, the difference between the two groups was not statistically significant, $*t*(198) = 1.06$, $*p* = .289$. Since the obtained $*p*$ -value was greater than the predetermined level of significance (.05), the null hypothesis (H_{01}) was not rejected.

The findings indicate that childhood care background, when broadly categorized as government children's-home care or family care, was not significantly associated with differences in adult mental well-being in the present sample. Although women raised in family settings obtained a slightly higher mean score, the observed difference was not statistically significant. Therefore, the difference cannot be considered sufficient evidence that childhood care background influenced adult mental well-being.

The absence of a statistically significant difference does not indicate that childhood experiences are unimportant. Instead, it may suggest that the broad category of childhood care environment alone does not fully explain adult mental well-being. Women raised in government children's homes may have experienced different levels of emotional support, caregiver continuity, safety, educational opportunities, peer relationships, and psychosocial care. Therefore, experiences within government children's homes may vary considerably among individuals.

Similarly, being raised in a family setting does not necessarily ensure higher mental well-being. Family environments may differ in terms of emotional support, parental relationships, communication, financial stability, safety, and exposure to stressful or adverse experiences. Therefore, the quality,

stability, and emotional responsiveness of care may be more important for adult mental well-being than the broad category of childhood care setting.

The age-group findings showed that women aged 30 years and above obtained a slightly higher mean mental well-being score ($M = 14.21$, $SD = 5.79$) than women below 30 years of age ($M = 13.58$, $SD = 6.32$). However, the difference was not statistically significant, $t(198) = 0.73$, $p = .451$. Since the p -value was greater than .05, the null hypothesis (H_{02}) was not rejected.

This finding indicates that adult mental well-being did not differ significantly between women below 30 years of age and women aged 30 years and above in the present study. Although the older age group obtained a slightly higher mean score, the difference was small and may reflect normal variation within the sample rather than a meaningful effect of age.

The findings suggest that adult mental well-being may be influenced by several factors beyond childhood care background and age. Factors such as the quality and continuity of childhood care, supportive relationships, educational attainment, employment, financial security, marital and family experiences, resilience, coping abilities, social support, and access to mental health services may contribute to adult psychological adjustment.

Overall, the findings indicate that neither childhood care background nor age group was significantly associated with adult mental well-being in the present sample. Future research should examine detailed childhood care experiences and other psychological and social factors that may influence adult mental well-being.

11. CONCLUSION

The present study compared adult mental well-being among women raised in government children's homes and women raised in family settings. It also examined differences in adult mental well-being between women below 30 years of age and women aged 30 years and above.

Women raised in family settings obtained a slightly higher mean mental well-being score than women raised in government children's homes. However, the difference was not statistically significant, $t(198) = 1.06$, $p = .289$. Therefore, H_{01} was not rejected.

Similarly, women aged 30 years and above obtained a slightly higher mean mental well-being score than women below 30 years of age. However, the difference was not statistically significant, $t(198) = 0.73$, $p = .451$. Therefore, H_{02} was not rejected.

The findings suggest that childhood care background and age group alone may not determine adult mental well-being. Adult mental well-being may be influenced by multiple psychological, social, developmental, and environmental factors. These may include the quality and stability of childhood care, emotional support, continuity of relationships, educational and employment opportunities, financial security, resilience, coping skills, social support, and experiences during adulthood.

The study highlights the importance of continued psychosocial support and accessible mental health services for women with a history of institutional care. Support services should focus not only on childhood care experiences but also on promoting resilience, social connectedness, education, employment, independence, and long-term psychological well-being.

12. LIMITATIONS

1. The cross-sectional design does not establish causal relationships between childhood care background and adult mental well-being.
2. Non-probability sampling limits the generalizability of the findings.
3. The study included only women aged 20–40 years; therefore, the findings may not apply to men or other age groups.
4. Factors such as the quality and duration of care, caregiver relationships, and specific childhood experiences were not assessed.
5. The use of a self-report scale may have introduced response bias.
6. Other factors, such as resilience, social support, depression, and post-care experiences, were not examined.

13. RECOMMENDATIONS

1. Future studies should include larger and more diverse samples, including men and different age groups.
2. Future research should examine the quality and duration of childhood care, caregiver relationships, and post-care experiences.
3. Additional factors such as resilience, social support, depression, anxiety, and coping should be studied.
4. Qualitative and longitudinal studies are recommended to understand long-term psychological outcomes.
5. Government children's homes should provide continued psychological, educational, employment, and social support.

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