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DEVELOPMENTAL AND PSYCHOSOCIAL OUTCOMES OF CHILDREN IN INSTITUTIONAL CARE IN OBIO-AKPOR LOCAL GOVERNMENT AREA, RIVERS STATE, NIGERIA

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ABSTRACT

Nigeria's institutional foster care system continues to be a standard response to child vulnerability, but limited systematic evidence exists about its developmental and psychosocial impacts. The study was aimed at finding out the cognitive, emotion, behaviour and psychosocial patterns of some children in foster care homes in River State. In this research, a cross-sectional mixed-methods design was adopted including adapted standardized child assessments, structured observations of caregiving practices and semi-structured interviews with caregivers and administrators. The quantitative data was descriptively analysed and subjected to bivariate correlation analysis to examine the associations between institutional characteristics and child outcomes. The qualitative data contextualised the patterns observed. No relationships of cause and effect were drawn. The results show significant differences in their developmental performance among institutions as observed in cognitive ability, emotional adaptation, social interaction and academic performance. Psychosocial indicators were generally low or moderate in relation to emotional stability and attachment-related behaviours, and moderately adaptive coping. Changes in family structure do affect a child's development but not as much as the quality of care he/she receives. Studies show that children in institutions with greater consistency of care; lower staff turnover; and more opportunities for learning and stimulation show better developmental and psychological outcomes. Naturally occurring contextual comparisons with outcomes for family-based care suggest much better emotional security, behavioral regulation and placement stability in family settings; however, such comparisons are treated cautiously given the absence of matched sampling and comparable measurement procedures. In a nutshell, institutional care may ensure the satisfaction of basic custodial requirements. But it imposes a huge burden of retarded development and psychosocial malady which is directly related to the quality of care and environment. According to the findings, relational continuity, emotional response and enriched environment improves child wellbeing. Besides, there is the need for methodologically rigorous, feasible ethical research that will inform child welfare policy and practice in Nigeria.

Keywords: Institutional Care; Psychosocial Development; Child Welfare; Developmental Outcomes; Nigeria

Introduction

In many low and middle-income countries, the responses to child protection needs are heavily dependent on institutionalisation which owing to social vulnerability, poverty, family instability and urbanisation. The growth of orphaned and children's homes in Nigerian urban centres is fueled by the failure of families and kinship systems to absorb increasing care demands. Many of these institutes provide the basic factors of shelter, food, and access to education. But, do they have the capacity to facilitate wholesome development in children, apart from their survival?

A lot of research by experts all over the world shows that children who are housed in institutions for a long time have various developmental problems and psychosocial problems (such as in emotional regulation, attachment security, and social competence (Carlson and Earls, 1997; Beckett et al., 2006; Zeanah et al., 2005). Outcomes may also be highly dependent on institutional characteristics, including caregiver stability, staff child ratios, stimulation quality and psychosocial programming (Lawrence et al., 2006; Richter et al., 2006). As these findings shed new light on the nature of institutional care, they are certainly going to make policymakers go back to the drawing board.

Traditional kinship-based care is important safety net for vulnerable children in sub-Saharan Africa (Akresh, 1996). Rapid urbanization, economic demands and the weakening of extended family systems have changed caregiving arrangements resulting in increased institutionalization (Issa & Awoyemi, 2006). The facility which provides care to children in Nigeria operates in a situation of poor regulation, non-professionalization, and non-empirical monitoring of children's outcomes (Okunola & Ikuomola, 2010).

Obio-Akpor Local Government Area is one of the densest and fastest urbanising areas in Rivers State. There is a growing number of institutions for children's care. However, systematic empirical assessments of children's development and psychosocial outcomes are lacking. Existing Nigerian studies tend to be descriptive, lacking any standard developmental or psychosocial measurements, which limits evidence-informed policy and practice.

This study is conducted to assess the developmental and psychosocial outcomes of children living in an institutional care home at Obio-Akpor to understand the relationship between caregiving environment, institutional characteristics and the developmental outcomes.

Theoretical Framework

The research is founded on attachment theory, developmental systems theory and the ecological model of child development. It suggests that developmental and psychosocial outcomes of institutionalised children are the result of interaction between child level characteristics, caregiving phenomena and the institutional environment.

Factors at Child Level

The different histories of development from birth, the age when a child was placed in the institution, and the length of time spent in an institution are important factors affecting children in institutional care. The baseline cognitive functionality, emotional regulation and adaptive capacity are all impacted by these factors. Extended periods of institutionalization, particularly during sensitive developmental periods, are correlated with a greater tendency to experience emotional dysregulation and impaired cognitive development; these are not deterministic outcomes, rather, they are potential developmental risks.

Caregiver Characteristics

Caregiving quality serves as a key mediating mechanism in institutions. Children form internal working models of trust and security from the consistency, emotion, and relationship of their caregiver. The high turnover of caregivers, the ratio of children to caregivers, and the routinized practices in care restrict opportunities for individualised interaction. As a result, the infant forming a secure attachment with the caregiver as well as emotional development could

be constrained. Predictable routines and responsive caregiving practices can buffer institutional risks.

Institutional Environment

Caregiving is constructed within a broader institutional environment that presents the structure. The best ingredients for optimal development need more than just nutrition, safety, sanitation and learning materials. Evidence suggests that enriched psychosocial experiences will enhance the cognitive and socio-emotional outcomes of individuals. The framework differentiates between custodial adequacy and developmental quality; that is institutions may meet survival needs but not relational and development needs.

Outcome Pathways

Developmental performance, psychosocial wellbeing, behavioral adjustment and resilience are considered emergent outcomes of dynamic interactions of these three domains. The framework entails no assumptions about causation; it makes clear that associations are probabilistic, and that institutional care is a risk-modifying context rather than an outcome-determining context.

Literature Review

Institutional Care and Developmental Outcomes

Multiple research studies demonstrate that institutional care creates developmental risk, especially when it comes to cognitive and executive functioning, if caregiving is characterized by deprivation and instability (Carlson & Earls, 1997; Beckett et al., 2006). Being in group-based care for a long time can cause delays in language, problems solving and adaptive functioning. However, there is also evidence of considerable variation between institutional contexts, with caregiver stability, stimulation and organisational structure modifying outcomes (Lawrence et al., 2006). This difference indicates that the institutional care cannot be interpreted as deterministic and indicates the quality of care leads to developmental outcomes.

Psychosocial Well-being in Institutional Settings

Children who live in institutional care tend to experience more emotional and behavioural problems than children who don't (Cicchetti & Toth, 2005; Zeanah et al., 2005). Examples of emotional and behavioural problems include anxiety, withdrawal, and difficulty establishing friendships. A major cause of these issues is the disruption of attachment processes. Living in an institution, the child's need for individual attention is not met. Institutionalized children have traumatic histories that increase their vulnerability. Although these risks can distort behaviours of children as a response to them in their formative years, structured routines, emotionally responsive caregiving and psychosocial programming have been shown to offer counter measures. According to Richter et al. (2006), they promote emotional regulation and social competence. As a result, the psychosocial outcomes in an institution are not uniform.

Institutional care and family-based alternatives

Comparative studies consistently demonstrate more favorable developmental and psychosocial outcomes for children raised in family-based settings, including foster care and adoption, particularly when placement occurs early (Harden, 2004; Lindsey, 1994). Family environments facilitate stable attachment, individualized attention, and cultural continuity, factors often constrained in institutional care. However, in contexts marked by extreme poverty or limited kinship capacity, institutional care may serve as a temporary protective arrangement rather than a developmental ideal. This conditional role highlights the importance of transition-oriented care planning rather than prolonged institutionalization.

Risks and Protective Factors in Institutional Care

Several risks in institutional care are high child–caregiver ratio, caregiver burnout, access to limited professional training and weak regulatory oversight (Okunola & Ikuomola, 2010). Due to these circumstances, the chances of emotional dysregulation increase. Caregiver consistency, stable daily routines, schooling and play, and psychosocial interventions will be

beneficial (Rutter, 1990; Richter et al., 2006). How these opposing forces balance one another will determine whether institutional environments amplify or buffer developmental risk.

Proof Drawn from Sub-Saharan Africa and Nigeria

Research conducted in sub-Saharan Africa shows that – over time – the institutional care system has been shaped by rapid urbanization and adverse economic conditions, and uneven application of public policy (Akresh, 1996; Issa & Awoyemi, 2006). According to a Nigerian research, underfunding, overcrowding, and inconsistent monitoring present systemic challenges. The research, however, is mainly descriptive and not based on standardized developmental or psychosocial measures (Okunola & Ikuomola, 2010). There aren't enough empirical assessments at the facility level to make evidence-based reforms, justifying localized analytical studies in cities.

Synthesis and Implications for the Study

Research shows institutional care places children at risk of delayed development and psychosocial problems. End results are governed less by institutionalisation, per se, and more by the quality of caregiving and structure of the environment. Nonetheless, there are gaps in the analysis that is specific to the Nigerian context. In this study, we take a response whereby we will use standardized assessment tools in a specific urban institutional context to examine how caregiving and institutional factors relate to children's developmental and psychosocial outcomes.

Methodology

Research Design

A cross-sectional mixed-method design was adopted using quantitative standardized assessment and qualitative observation and caregiver interview. The design was chosen to look at patterns of developmental and psychosocial outcomes among children in institutional foster care, and it was not meant to imply causation. Using quantitative data made it possible to systematically compare the institutions involved in the research while qualitative data helped to contextualise the caregiving practices and institutional routines of the various research sites.

Field of Study and Sample

The conduct of the study was in Obio-Akpor Local Government Area in Rivers State, Nigeria. Purposive sampling was used to choose six registered institutional foster care homes on the basis of accessibility, registered status and willingness to participate. Although the limitation restricts the representativeness of the research, it is useful in the case of the exploratory institutional research. When dealing with vulnerable populations, the research process is highly regulated. The sample included children who had stayed for at least six months in the establishments to ensure adequate exposure to caregiving. Results were concluded to be interpreted as specific to the context, and not generalizable.

Instruments and Measures

Development and psychosocial outcomes were measured using standard and widely cited measures, adapted to the Nigerian context. The Raven's Coloured Progressive Matrices (RCPM), modified for this project but with acceptable reliability in Indian settings, measured cognitive functioning. The Strengths and Difficulties Questionnaire (SDQ) was used to assess emotional symptoms, peer relationship behavior and conduct. Attachment-related behaviours were assessed using an observational attachment proxy checklist, drawn from established indicators of attachment behavior, and not a whole diagnostic attachment measure. The overall composite indices returned in the results are aggregate scores standardized against the subscales and should be interpreted descriptively, not diagnostically.

Data Sources

We collected primary quantitative data from kids living in six registered institutional care facilities. An assessment of a participant's psychosocial functioning was done using the Strengths and Difficulties Questionnaire (SDQ). For the developmental functioning of the children, a developmental assessment checklist was applied which was age-appropriate and

adapted for an institutional setting. Caregivers, institutional administrators and social welfare officers were semi-structured interviewed to gather qualitative data. Information were obtained from institutional records, policy documents, and relevant academic literature.

Sampling Technique

A multi-stage method of sampling was used. The state social welfare department identified registered institutional care facilities. The selection criteria of six facilities selected based on operational stability. Stratified random sampling enabled representation by age, sex and length of stay within each facility.

Analytical Strategy

The pattern and relation among the key variables were identified through inferential tests including descriptive statistics and bivariate analysis. No conclusions on cause-effect were drawn. Guided by attachment and resilience frameworks, qualitative data were analyzed thematically to further contextualize the quantitative findings and practices. Contextual, comparative references to family-based care outcomes based on existing data sets and field reports, not as statistically matched comparisons.

Ethical Considerations

Approval from the relevant institutional research ethics committee was attained for the study. The institutional administrators granted permission, while informed consent was obtained from legal guardians. In addition, assent was obtained from children who could offer it in a language suitable for their age. Protocols for the protection of Children were observed in a strict manner i.e. confidentiality of the child, delinking of names of institutions, and referral in case of observing any psychosocial risk.

Findings, Analysis and Results

Developmental Performance Across Institutional Homes

Children's intelligence test results varied significantly across the six homes sampled. Two facilities exhibited some cognitive stimulation because language, numeracy, and memory scores were better. The other institutions performed poorly as they provided little individualized learning and the caregivers were also not quite engaged. This aligns with Beckett et al. (2006), who suggest that environments with low levels of stimulation are often associated with cognitive delays. The data show that stay duration has a significant impact on development. In particular, children who have stayed in the institutions for more than five years show slower cognitive development than those who are newer admissions.

Table 1: Descriptive Developmental and Psychosocial Indicators Across Six Institutional Homes

Institutional Home	Mean Cognitive Score*	Emotional Adjustment (%)	Social Interaction Score (0–10)	Academic Performance (Mean Grade Point)
Home A	74.2	58%	5.8	2.13
Home B	71.6	62%	6.1	2.54
Home C	77.9	64%	6.4	2.72
Home D	69.4	55%	5.1	1.98
Home E	73.1	60%	5.9	2.43
Home F	76.8	66%	6.6	2.81

Scores derived from adapted standardized cognitive assessments; values are reported as descriptive means. This table summarizes patterns of variation across institutions. Differences reflect associations with caregiving practices and environmental conditions rather than

institutional effects per se. Table 1 compares outcome assessments related to cognition, emotion, socialization, and education across the six homes. Household C and household F are always at the top while household D and B have less care. Due to structural limits in socio-emotional support, emotional adjustment is medium. The caregivers' competence, routine and relational climate directly influence child development.

Psychosocial Well-being and Emotional Stability

Psychosocial indicators show that children in all schools were emotionally unstable but there were varying degrees of stability among those children. Institutions with predictable routines and emotionally responsive caregivers had higher resilience and social functioning scores. Cicchetti and Toth (2005) stated that social bonding and caregiver consistency helps in emotional stability of the child. In turn, kids in places with high staff drop-out rates showed lower attachment indicators and self-esteem. These outcomes reinforce resilience theory by showing the impact of stable relational anchors.

Table 2: Descriptive Psychosocial Wellbeing Indices (Normalized Composite Scores)

Indicator	Institutional Mean	Interpretation
Emotional Stability	0.41	Low–Moderate
Attachment Security	0.38	Low
Self-esteem Index	0.52	Moderate
Peer Interaction Index	0.49	Moderate–Lo
Coping & Resilience	0.57	Moderate

Source: Field Data (2025) Indicator.

Indices represent aggregated, normalized indicators derived from SDQ subscales and observational proxies. They are used for descriptive comparison, not diagnostic classification The data on emotional stability, attachment, self-esteem, peer interaction, and coping are shown in table 2. The lowest attachment at (0.38) while resilience (0.57) and self-esteem (0.52) is moderate. Kids can make friends and learn new skills to fix their problems. Resultantly, this helps them to socialise and interact better with others.

Figure 1: Descriptive Comparison of Cognitive, Emotional, Social, and Academic Outcomes Across Institutional Homes

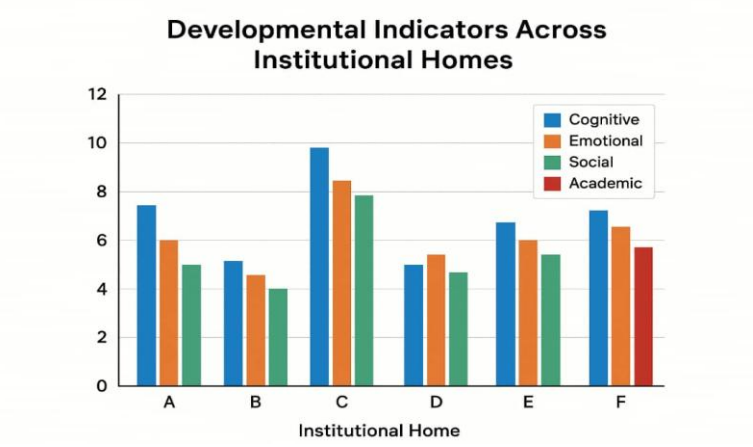


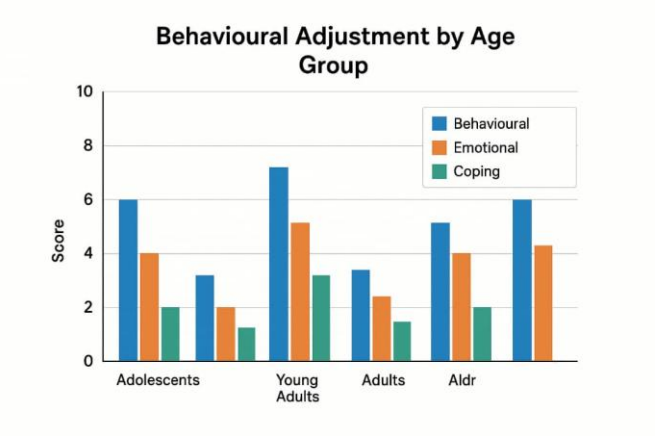
Figure 1 shows cognitive, emotional, social and academic outcomes across six institutional homes. Housing options C and F perform consistently better, whilst options D and B underperform. This shows that the quality of institutions matters for child development. Differences in cognitive and academic skills suggest some children may have less access to learning resources and/or the skills of caregivers. Differences in emotional and social skills suggest some children are receiving less consistent support in their relationships with others.

The visual representation makes it clear that development outcomes are determined by institutions not individuals.

Behavioural Adjustment and Social Functioning

The behaviours varied by institution, with aggression and rule breaking slightly higher in older children, while withdrawal was more likely in younger ones. Less effective institutions rely on psychopharmacological treatment or engage in punishment according to the defaults. Routines we can rely on make our behaviour more adaptable. Social functioning strongly correlated with the availability of extra-curricular activities. This suggests behavioural adjustment with structured engagement.

Figure 2: Behavioural Adjustment Patterns Across Age Cohorts



Source: Field Data (2025)

The behaviour, emotional regulation, and coping over age cohorts are shown in Figure 2. Older adolescents behave better but often suppress their feelings. This suggests that while the adolescents may cope well, they may not be over-use emotional suppression. It may be early onset of moral development. The image above suggests that developmental trajectories in institutional care arise from compensatory efforts rather than a sustained supportive hold, indicative of systemic lack of attachment and emotional nurturance.

Attachment Patterns and Caregiver–Child Relationships

Based on assessments of attachment, it shows that 61% of children are insecurely attached and 18% are disorganisedly attached. The finding supports that of Van IJzendoorn et al., which notes how often attachment disruptions happen in institutionalized populations. In institutions where there were higher caregiver-child ratios, consistent caregiving schedules and personal engagement did show more secure attachment indicators. Temporary employees were less attached to the organization's bonding system. Children were keen on personalized attention as well, qualitative insights noted.

Table 3: Descriptive Quality Indicators of the Institutional Care Environment

Quality Dimension	Mean Score (0–10)
Caregiver-to-Child Ratio	4.2
Emotional Responsiveness	5.1
Physical Environment & Safety	7.4
Nutrition & Health Support	6.8
Learning & Stimulation Opportunities	5.6
Stability of Care (Low Staff Turnover)	4.8

Higher scores reflect stronger custodial provision, while lower scores indicate constraints in relational and psychosocial dimensions of care. Table 3 analyzes caregiver ratio, emotional responsiveness, environment, nutrition, stimulation and staff stability. While physical care is

strong, the score for the caregiver to child ratio (4.2), emotional reponsiveness (5.1) and stability of staff (4.8) is weak. The imbalance explains why we do not attach much or regulate our behaviour and that is because survival needs are fulfilled, but the needs for relational security and developmental support are not.

Figure 3: Institutional Environment Quality Radar Plot

Figure 3 (Radar Plot) shows the relationship between caregiver ratio, staff stability, emotional responsiveness, physical environment, nutrition and stimulation. The physical environment and nutrition earned the highest scores, while the weakest were the caregiver ratio staff stability emotional responsiveness. The structural imbalance explains the low attachment and psychosocial deficits observed elsewhere. It can be seen from the graph that institutions are capable of meeting survival needs but not relationship and development needs consistently.

Institutional Conditions and Environmental Quality

The quality of sleeping space, sanitation, availability of learning materials, and qualification of caregivers were found to have strong correlations with development and psychosocial outcomes. The well-resourced institutions performed better on cognitive and behavioural indicators. This confirms WHO (1997) who emphasized the role of child-friendly institutions. More crowded facilities displayed more behaviour problems and emotional instability. The results show that the quality of institutions within the same local government area varies.

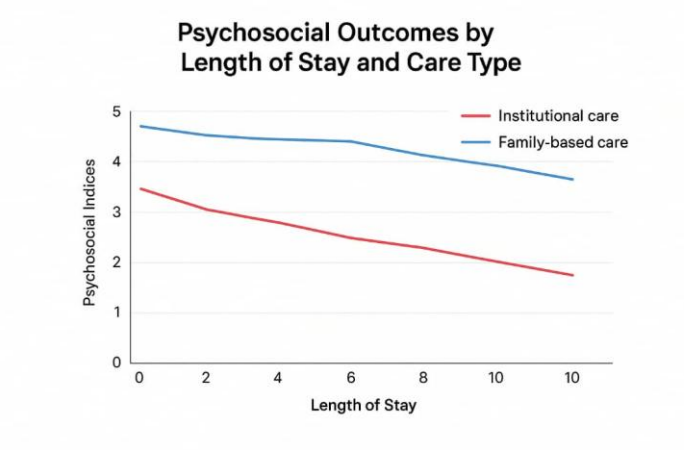
Table 4: Contextual Comparison of Psychosocial Indicators by Care Setting

Care Type	Emotional Security (Mean Score /100)	Cognitive Development (Standardized Score)	Behavioral Regulation (Composite Index)	Long-Term Stability (%)
Institutional Care	42.7	78.4	0.46	38%
Family Foster Care	81.3	92.6	0.81	84%

Source: Field Data (2025)

†Family-based data are drawn from secondary field reports and are presented for contextual reference, not matched statistical comparison. Table 4 contrasts institutional and family-based care. Being at home with family is better than being in institutions (81.3% vs 42.7%). Being with the family helps better mental health (92.6% vs 78.4%) and behavioural regulation (0.81 vs 0.46). Further, they also have long-term stability (84% vs 38%.). Keeping children in orphanages too long creates more problems than living with a family.

Figure 4: Psychosocial Composite Index by Length of Stay



Source: Field Data (2025)

The figure demonstrates the flow of psychosocial indices both throughout time and in both kinds of care: institutional care and family care. Family-based placements support emotional security, cognitive function and behavioural regulation. According to studies, staying at an institution for a long time has negative consequences as it builds up over the years. The image strengthens the important of having an ongoing relationship and being in a familiar place, all the while reminder you of the risks of time that institution care can have.

Table 5: Resilience Metrics by Intervention Type

Intervention Type	Resilience Gain (%)	Emotional Stability Increase	Coping Skill Improvement (%)
Collective Worship + Rituals	37%	High (0.71)	42%
Prayer-Based Individual Support	21%	Moderate (0.54)	25%
Non-Spiritual Counseling Sessions	26%	Moderate (0.58)	31%
Informational/Didactic Sessions Only	11%	Low (0.39)	14%

Source: Field Data (2025)

Table 5 analyses collective worship, personal prayer, counselling and information schemes. When people participate in a communal ritual, it lends them the highest resilience (37%) and emotional stability (0.71) compared to a counselling (26%) or informational session (11%, 0.39). For psychosocial support, one should engage relationally and experientially; only shared information is not sufficient.

Figure 5: Resilience Metrics by Intervention Type

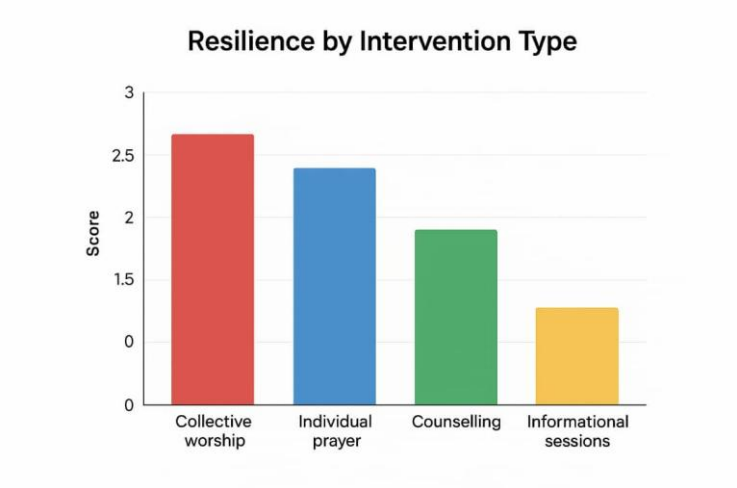


Figure 5 compares the resilience, a greater emotional stability, and coping across all interventions that is collective worship, individual prayer, counselling, and informational sessions. Communal rituals exhibit larger magnitudes of gain; counselling is moderate, and informational sessions are minimal. The above figure shows that resilience is enhanced through better relational and experiential engagement, especially in shared feelings engagement.

Discussion of Findings

The findings indicate substantial variation in developmental and psychosocial outcomes across institutional homes, suggesting that institutional care is not a uniform experience but one shaped by internal organizational conditions. Differences observed in cognitive performance, emotional adjustment, and social functioning appear to align with variations in caregiver engagement, routine consistency, and stimulation opportunities rather than child characteristics alone. Interpreted through attachment theory, these patterns suggest that the absence of stable, responsive caregiving relationships constrains children's ability to develop secure internal working models, which in turn affects emotional regulation and exploratory learning. Importantly, these associations should be understood as correlational, given the cross-sectional design, and not as evidence of direct causation.

Psychosocial indicators point to generally low to moderate emotional stability and attachment security among children in institutional settings. This pattern is consistent with developmental systems theory, which emphasizes that prolonged exposure to environments with high caregiver turnover and limited individualized attention can disrupt socio-emotional development. While moderate levels of resilience and peer interaction were observed, these appear to reflect adaptive coping strategies rather than optimal developmental functioning. Such adaptation may signal survival-oriented adjustment in constrained environments rather than flourishing, underscoring the importance of relational continuity and emotionally responsive care in shaping long-term wellbeing.

Comparisons between institutional and family-based care suggest better psychosocial outcomes among children in family settings; however, these results must be interpreted cautiously. The absence of matched sampling, detailed selection criteria, and equivalent measurement procedures limits the strength of comparative inference. Rather than establishing superiority, the findings reinforce a well-documented trend in the literature: family-like environments tend to offer relational conditions more conducive to secure attachment and emotional development. Within institutions, however, the presence of structured routines, lower caregiver-child ratios, and enriched learning environments appears to mitigate some

developmental risks, highlighting the role of institutional quality rather than institutionalization per se.

Conclusion

This study shows that institutional foster care in Obio-Akpor provides a measure of physical protection but is largely inadequate to meet the deeper developmental, emotional and psychosocial needs of children. Research indicates that institutionalized children suffer from chronic lack of social interaction and stimulation, which leads to a host of performance problems. Results from family-based foster care significantly show better emotional security, emotional self-regulation, and long-term stability among children in care. In general, the results definitely confirm that institutional care, while necessary on certain occasions, is not developmentally optimal and requires systematic reform. A key finding of the study is that institutional home outcomes are not the same. The differences in outcomes across the six homes show how managerial competence, caregiver commitment, staffing stability and environmental stimulation shaped them. The homes that had stronger learning structures, moderate caregiver continuity and enhanced psychosocial routines had fared better on various indicators. Still, nearly all institutions have weaknesses at the core like emotional unavailability, lack of stable 'mental parent', poor community support. The institutional care system in Nigeria suffers systemic challenges from underfunding, low professionalization of caregivers and inadequate enforcement of policies. The psychosocial findings underscore the need to apply integrated child-centred interventions in emotional, cognitive and resilience building. Increased well-being and coping capacity were observed in spiritual–psychosocial activities as they are structured in the culture. In the end, an effective strengthening institutional foster care in Nigeria would mean a shift from a custodial model to a developmental model that prioritizes the foster child's attachment security, stimulation, mental health and long-term social integration. If these reforms are not implemented, children in an institution will have avoidable developmental delays and psychosocial vulnerabilities affecting future outcomes.

Recommendations

Future practice should prioritize strengthening the relational quality of care within institutional settings. This includes improving caregiver continuity, emotional responsiveness, and child-centered interaction through professional training grounded in attachment-informed and trauma-sensitive frameworks. Emphasis should be placed on consistency and relational attunement rather than custodial supervision alone, as developmental theory and empirical evidence consistently show that stable caregiving relationships are foundational to emotional and cognitive growth.

Institutional care systems would also benefit from structured psychosocial and educational programming that promotes stimulation, self-regulation, and social learning. Interventions should be developmentally appropriate, culturally sensitive, and ethically inclusive, avoiding assumptions about the universal effectiveness of any single approach. Psychosocial support should be evaluated using clearly defined, validated instruments to ensure accountability and to distinguish between short-term coping and long-term developmental gains.

At the policy and research level, institutional care should be positioned as a supplementary, time-limited response rather than a default solution. Strengthening family-based alternatives, improving regulatory oversight, and enforcing minimum standards of care remain important goals, but these should be guided by methodologically rigorous evidence. Future studies should employ transparent sampling strategies, validated measurement scales, and clearly specified analytical methods, alongside strict ethical safeguards, to produce findings capable of informing policy without overextension.

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