ABSTRACT

The Effect of Home Visiting of Different
Frequencies on Child Development

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This study concerned poor preschool children from
Kingston, Jamaica. It was conducted in two phases, a
cross-sectional survey and two experimental studies.

In the survey 309 children aged between 0 and 48
months, were identified from two poor neighbourhoods.
Their weights and lengths/heights were measured and
social background details recorded. A subsample of
these children had developmental assessments with the
Griffiths Mental Developmental Scales.

Characteristics of the children with poor nutri-
tional status and development were identified. Thirty-
one percent had Gomez Grade I malnutrition, 9% had
Grade II and 1.6% Grade III. There was more stunting
than wasting. Nutritional status and developmental
levels declined with the age of the child. Children
with poor nutritional status tended to be girls, had
poor housing, mothers with low educational levels and
mothers who worked. In contrast children with low
developmental levels tended to be boys, but also had
mothers who worked. Height for age and weight for age contributed significantly to the variance in DQ when other factors were controlled, but weight for height did not.

The experimental phase comprised two experiments concerning the impact of home-visiting of different frequencies on children's developmental levels and the feasibility of integrating the model into the Jamaican primary health care service. Health paraprofessionals (community health aides) conducted the intervention from a local health clinic, under the supervision of a nurse.

The children from the subsample who had had developmental assessments were enrolled in the first experiment. They were aged between 6 and 30 months. In one neighbourhood 45 children were visited monthly and 49 every two weeks and in a nearby neighbourhood 45 children acted as controls. The experiment was conducted over two years. The DQs of the children were assessed at baseline and at yearly intervals thereafter. They were also weighed and measured at these times.

The second experiment followed the first and 58 children aged 16 to 30 months from the same two neighbourhoods were randomly assigned to weekly visits or a control group, for one year.

The group visited weekly showed a substantial increase in the performance and hearing and speech
subscales and in DQs. The two weekly visited group showed smaller improvements in performance and DQs in contrast to the monthly group who showed no improvement, but declined slightly as did both control groups. There was no impact on the children's nutritional status in any group.

The results showed that poor urban children were developing poorly and that their DQs could be improved with psychosocial stimulation. Improvements varied in proportion to the frequency of the visits. It was also shown that it is feasible to integrate stimulation visits into the primary health care services. However, it was concluded that only weekly visits made substantial improvements.