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Review Article

**HOME VISIT ROLE IN IMPROVING HEALTH. SYSTEMATIC  
LITERATURE REVIEW**

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<sup>1</sup> King Abdulaziz University, Jeddah, Saudi Arabia,<sup>2</sup> Prince Sattam Bin Abdulaziz University, Alkharj, Saudi Arabia,<sup>3</sup>Almaarefa University, Riyadh, Saudi Arabia,<sup>4</sup>Taif University, Taif, Saudi Arabia,<sup>5</sup>Umm AlQura University, Makkah, Saudi Arabia,<sup>6</sup>King Khaled University, Abha, Saudi Arabia**Abstract**

This review is aiming to discuss the home visit role in improving health, the presented review was conducted by searching in Medline, Embase, Web of Science, Science Direct, BMJ journal and Google Scholar for, researches, review articles and reports, published over the past years. were searched up to November 2018 for published and unpublished studies and without language restrictions, if several studies had similar findings, we randomly selected one or two to avoid repetitive results. On the basis of findings and results this review found *improve parenting and the quality of the home environment*, prevent child maltreatment, reductions in rapid repeat births, increasing quality of life in the elderly, improving children's mental health and early development and mother's life circumstances.

**Keywords:** *home visit, role, improving, preventing***Corresponding author:****Dr. Lamees Hatim Aldoobie,**

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**INTRODUCTION:**

[13,14], none of these satisfies the methodological criteria that have been proposed for scientific overviews [15].e visiting in an attempt to stem the increase in numbers of child abuse reports [15].

Nurse-Family Partnership is a nurse home visitation program that aims to improve the lives of young mothers and their children. The program focuses on women who are parenting for the first time and experiencing socioeconomic disadvantage. Nurse visits start as early in pregnancy as possible and continue until the child reaches age two years. The program has proven effective in the United States – improving children’s mental health and development and maternal wellbeing, and showing long-term cost-effectiveness [16].

The prevention of child abuse and neglect is an urgent public health concern. Annually, about 1 million abused children—15 of every 1000 children—are identified in the United States [17].Home visitation has been widely promoted in recent years as a promising approach to preventing health and developmental problems among children, and thousands of home visitation programs have been started during the past decade.[18] The role of visitation in preventing child abuse and neglect perhaps has received the most attention. This emphasis stems in part from the magnitude of this social problem and the limited success of prevention efforts in the past. Policy makers and child advocates have actively promoted home-visitations services [19,20] despite limited evidence supporting their effectiveness in reducing child maltreatment. [21]

**METHODS:**

The present review was conducted November 2018 in accordance with the preferred reporting items for systematic reviews and meta-analyses (PRISMA) declaration standards for systematic reviews. We reviewed all the topics on primary health care approaches, such as education, self-management, health provider’s development, life style, anatomy, neurology, bacteriology, pathology, and clinical statistics. To achieve this goal, we searched Medline, Embase, Web of Science, Science Direct, and Google Scholar for, researches, review articles and reports, published over the past 15 years.

Our search was completed without language restrictions. Then we extracted data on study year, study design, and key outcome on diabetes. The selected studies were summarized and unreproducible studies were excluded. Selected data is shown in the

Home visiting has been promoted by the American Academy of Pediatrics as an important complement to office-based practice. It has been advocated as a way to improve the outcomes of pregnancy, to reduce the rates of child abuse and neglect, and to help low-income families become economically self-sufficient [1].

Recent changes in government policy have provided funding for enhancing the role of the health visitor in this area and also for “Sure Start”, a support programme for parents delivered by outreach workers<sup>2</sup>. It has been argued that improving the parenting given to vulnerable children is an important child health strategy, and that health visitors are ideally placed, and capable of, detecting poor parenting at an early stage [3]

Home visitation has been widely promoted in recent years as a promising approach to preventing health and developmental problems among children, and thousands of home visitation programs have been started during the past decade [4]. Home visiting has been recommended by the American Academy of Pediatrics as a means to ensure ongoing parental education, social support, and linkage with community services [5].

Nurses are the largest group of professional health care service providers in the home setting, with various home visit programs for the elderly [6]. In the home setting, clients’ convenience, better implementation of nursing process [7], and a holistic image of the entire factors influencing health are present [8]. Goals and the viewpoints of both sides are achieved based on reciprocal cooperation of community health nurses, families, and the elderly [9].

In Britain home visits by health visitors are considered to have a key role in accident prevention because of the advice given during the visits on child development and home safety [10]. In the United States home visiting has been promoted primarily for the prevention of child abuse and neglect [11]. In 1991 the United States Advisory Board on Child Abuse and Neglect called for the establishment of a universal programme of home [12]. Over the past two decades several randomised trials have examined the effect of home visiting programmes on the occurrence of child abuse and other child health outcomes. The results of these trials, however, have been conflicting. Although several published articles have reviewed the evidence from randomised trials

malleable determinants of RRB. When we combined the 2 study groups, malleable determinants had significant effects on RRB. Mothers with a desire to have a child within 2 years after the index birth were significantly more likely to have a RRB, whether this desire was expressed at baseline (AOR: 2.48; 95% CI: 1.32–4.64) or at the year 1 interview (AOR: 2.86; 95% CI: 1.57–5.22). Lack of access to a family planning site at baseline was not associated with RRB, but there was a trend toward a greater likelihood of RRB among those lacking a site at 1 year (AOR: 1.61; 95% CI: 0.93–2.79). Women who had never used birth control before the index birth were more likely to have a RRB (AOR: 1.89; 95% CI: 1.20–2.98), and there was a trend toward a greater likelihood of RRB among women who did not use birth control in the year following the index child's birth (AOR: 1.67; 95% CI: 0.98–2.82). At the 3-year follow-up interview, mothers with a RRB were more likely to have adverse maternal and child outcomes. There was greater likelihood of severe maternal parenting stress (AOR: 2.29; 95% CI: 1.17–4.48), neglectful behavior toward the index child (AOR: 2.42; 95% CI: 1.41–4.18), and poor warmth toward the index child (AOR: 2.84; 95% CI: 1.71–4.42). In families with a RRB, the index child was more likely to exhibit internalizing behavior (AOR: 1.64; 95% CI: 1.04–2.58) and there was a trend toward higher odds of externalizing behavior (AOR: 1.56; 95% CI: 0.98–2.49) [24].

The mean elderly score in the four aforementioned domains increased after the home visit program. A significant difference was seen in the mean total scores of self-care self-efficacy and its subscales by paired *t*-test before and after intervention ( $P < 0.001$ ) [25].

Results are also now available from trials of NFP conducted outside the US. Findings from a trial conducted in the Netherlands indicated that in comparison to existing health and social services, NFP reduced prenatal smoking, increased breastfeeding, reduced child protection reports, and reduced exposure to intimate-partner violence. However, an RCT evaluating NFP in England demonstrated no additional benefits for children or mothers compared to usual health and social services. The differing findings across the American, Dutch and English trials underscore the need to conduct RCTs in countries outside the US prior to widespread implementation – to ascertain NFP's effectiveness in comparison with existing services for this disadvantaged population. Interventions may well have different outcomes in different contexts, particularly if existing services differ [16].

Table 1.

#### ***Inclusion criteria***

Inclusion criteria were home visit: type 2, elderly, children, mother.

#### ***Exclusion criteria***

Irrelevant articles [not related to the aim of this review and articles that did not meet the inclusion criteria in this review.

#### ***Data extraction and analysis***

Information relating to each of the systematic review question elements was extracted from the studies and collated in qualitative tables. Direct analysis of the studies of home visit.

#### **RESULTS:**

Seventeen studies reported Home Observation for Measurement of the Environment (HOME) scores, 27 reported other measures of parenting, and 10 reported both types of outcome. Twelve studies were entered into the meta-analysis. This showed a significant effect of home visiting on HOME score. Similar results were found after restricting the analyses to randomised controlled trials and to higher quality studies. Twenty one of the 27 studies reporting other measures of parenting found significant treatment effects favouring the home visited group on a range of measures [22].

Families receiving home visitation during pregnancy and infancy had significantly fewer child maltreatment reports involving the mother as perpetrator ( $P = .01$ ) or the study child as subject ( $P = .04$ ) than families not receiving home visitation. The number of maltreatment reports for mothers who received home visitation during pregnancy only was not different from the control group. For mothers who received visits through the child's second birthday, the treatment effect decreased as the level of domestic violence increased. Of women who reported 28 or fewer incidents of domestic violence (79% of sample), home-visited mothers had significantly fewer child maltreatment reports during the 15-year period than mothers not receiving the longer-term intervention ( $P = .01$ ). However, this intervention did not significantly reduce child maltreatment among mothers reporting more than 28 incidents of domestic violence (21% of sample) [23].

Each year, 88% of the sample completed a follow-up interview; 81% completed all 3 follow-up interviews. There was no program impact on RRB for mothers overall (HSP: 21%; control: 20%; adjusted odds ratio [AOR]: 1.05; 95% CI: 0.69–1.58). HSP and control groups did not differ significantly in any of the

Table 1

Author and year	Sample	Role	Key point
Kendrick D, et al 2000 <sup>22</sup> .	Thirty four studies reported relevant outcomes	<i>improve parenting and the quality of the home environment</i>	Home visiting programmes were associated with an improvement in the quality of the home environment.
<b>John , 2000<sup>23</sup></b>	324 mothers and their children	prevent child maltreatment	Families receiving home visitation during pregnancy and infancy had significantly fewer child maltreatment reports
<b>Samer S. 2004, <sup>24</sup></b>	A total of 643 families at risk for child abuse were enrolled between November 1994 and December 1995	reductions in rapid repeat births	RRB was associated with a greater likelihood of adverse consequences for both the mother and the index child
<b>Habibollah2013<sup>25</sup></b>	33 older adults randomly selected from five villages	increasing quality of life in the elderly	It was observed that home visit program, integrated with the theories, had a positive influence on improving self-care self-efficacy of the elderly
Nicole L. 2016 <sup>16</sup>	Eligible and consenting participants (N= 1040) are being recruited prior to 28 weeks gestation	improving children's mental health and early development and mother's life circumstances.	NFP reduced prenatal smoking, increased breastfeeding, reduced child protection reports, and reduced exposure to intimate-partner violence

**DISCUSSION:**

Our review of the effectiveness of home visiting programmes suggests they are effective in increasing the quality of the home environment as measured by HOME scores, and that the majority of studies using other outcome measures also indicated significant improvements in a variety of measures of parenting. While the majority of the studies we reviewed focused on families living in socioeconomic deprivation, it should not be assumed that "poor parenting" is the preserve of such families; or that inequalities in terms of material resources do not need addressing [22].

Our findings show that domestic violence represents an important part of the context for understanding the conditions under which a home-visitation intervention prevented child maltreatment. The interaction effect appears to be robust across alternative measures of both domestic violence and child maltreatment. It does not appear to reflect less engagement in the intervention on the part of women reporting domestic violence, nor does it reflect the perpetration of domestic violence and child maltreatment by the same individuals. The impact of the intervention on other maternal life-course and child outcomes was not affected in the same way by

the level of domestic violence [23].

Overall, 20% of the mothers in our sample of at-risk families had a RRB, which is far higher than the national average of 11%. [5] Part of this might be attributable to cultural norms for large families; overall, Hawaii has a higher fertility rate than the nation as a whole. Unfortunately, RRB was associated with a greater likelihood of adverse consequences for both the mother and the index child. Furthermore, we found no significant effects of home visiting in the prevention of RRB or on the malleable determinants that we assessed at the index birth and at 1 year after the index birth. [24]

Self-care in the elderly is of high importance and is essential for health promotion. In the present study, health promotion self-care behaviors such as nutrition, physical activity, well-being, and responsible health practices were investigated. Multiple factors influence utilization of health promotion behaviors in older adults. One of the factors that has a significant relationship with self-care and health promotion and is also a predictor to perform them is self-efficacy [25].

The purpose of this trial is to determine NFP's effectiveness compared with BC's existing services in improving children's mental health and early development and mother's life circumstances. NFP holds singular promise for young, first-time mothers and their children who are experiencing socioeconomic disadvantage – a population with high needs which has often been underserved. Yet NFP's effectiveness has not been tested previously in Canada. The BCHCP is therefore laying the foundation for NFP to be evaluated and adapted for sustained use in BC, and potentially across Canada, should RCT findings be positive [16].

### CONCLUSION:

The results of this studies show the importance of home visit and its role in improving of health. On the basis of findings and results this review found improve parenting and the quality of the home environment, prevent child maltreatment, reductions in rapid repeat births, increasing quality of life in the elderly, improving children's mental health and early development and mother's life circumstances are most common role of home visit in improving health.

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