

Other home visiting programs for adolescent mothers

Public Health & Prevention: Home- or Family-based

Literature review updated June 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: This broad topic includes home visiting programs for young women under age 18 who have recently given birth. Depending on the program, the content of the home visits may include referrals for social services, education on infant health and development, social and emotional support, or education about family planning and goal setting. Home visitors were nurses or paraprofessionals. Participants in the included studies received home visiting services for 4 to 24 months, with an average of 17 total hours of home visiting over the course of the intervention.

Meta-Analysis of Program Effects

Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
				ES	SE	Age	ES	p-value
Repeat birth	Primary	2	118	-0.127	0.175	17	-0.332	0.082
Repeat pregnancy	Primary	2	79	-0.073	0.198	17	-0.198	0.321
Preschool test scores	Secondary	2	50	0.325	0.204	1	0.530	0.010
Out-of-home placement	Secondary	1	64	-0.381	0.232	1	-0.381	0.100

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

- Black, M.M., Bentley, M.E., Papas, M.A., Oberlander, S., Teti, L.O., McNary, S., . . . O'Connell, M. (2006). Delaying second births among adolescent mothers: A randomized, controlled trial of a home-based mentoring program. *Pediatrics*, 118(4), e1087-e1099.
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- Field, T., Widmayer, S., Greenberg, R., & Stoller, S. (1982). Effects of parent training on teenage mothers and their infants. *Pediatrics*, 69(6), 703-707.
- Quinlivan, J.A., Box, H., & Evans, S.F. (2003). Postnatal home visits in teenage mothers: A randomised controlled trial. *Lancet*, 361(9361), 893-900.

Sims, K., & Luster, T. (2002). Factors related to early subsequent pregnancies and second births among adolescent mothers in a family support program. *Journal of Family Issues*, 23(8), 1006-1031.

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