



OVERVIEW OF JA KIDS

The Jamaican Birth Cohort Study 2011

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May 31, 2018

Presentation Outline



- ▶ Definition
- ▶ History of Birth Cohort Studies
- ▶ Advantages and Disadvantages
- ▶ The Jamaican Birth Cohort Study 2011

Definition



Birth Cohort Studies



- ▶ Birth Cohort studies are longitudinal studies which follow a group of people born during a particular period or year throughout their lives.

The History of Birth Cohort Studies



British Birth Cohort Studies



- ▶ 1946 British Birth Cohort Studies collected information on all 13,000 births occurring in one week in March in the United Kingdom. In the year 2,000, some 3,000 of the 5,000 persons identified for follow-up were in the study.
- ▶ 1958 Birth Cohort Study (National Child Development Study) comprised 17,000 births with follow-up at 7, 11, 16, 23 and 33 years.
- ▶ 1970 Birth Cohort Study comprised 17,000 births, with follow-up at 5, 10, 16 and 26 years
- ▶ ALSPAC “Children of the Nineties” commenced in early pregnancy, had multiple contacts in the early years follow-up and collected environmental and biological data

Outcome of British Birth Cohort Studies



- ▶ Provided meticulous detail describing conditions at birth
- ▶ Identified indicators of development in childhood
- ▶ Provided rich information on pre-school and school experience
- ▶ Evaluated the effects of different experiences and policy initiatives directed at children
- ▶ Allowed retrospective analysis to determine factors impacting children's outcomes

Recent Birth Cohort Studies



- ▶ UK : Avon Longitudinal Study of Pregnancy and Childbirth (1990s)
Born in Bradford (2006)
Growing up in Scotland (2006-7) Growing up in Ireland
- ▶ Canada National Longitudinal Survey of Children & Youth (1998)
- ▶ Quebec Study of Child Development (1998)
- ▶ Australia Growing up in Australia (2004)
- ▶ Denmark Danish National Birth Cohort Study (1996-2002)
- ▶ USA: Early Childhood Longitudinal Study (2001).

- ▶ S Africa Birth to Twenty (1990)
- ▶ Multi-site* Young Lives (2002)
Peru, Vietnam and UK

*Ethiopia, India,

The Advantages of Longitudinal Studies



Why Birth Cohort Studies?



- ▶ Longitudinal cohort studies are recognized as the best available approach for detecting and evaluating a broad range of environmental effects on children's health by following development from conception through early childhood, adolescence, and to adulthood. (<http://www.nationalchildrensstudy.gov>)

Advantages of Longitudinal Studies:

Aetiological



- Advantage over cross-sectional studies, in its ability to identify antecedent events forming part of the causal chain to adverse outcomes
- Cross-sectional studies typically rely on retrospection, for antecedents to adverse outcomes, longitudinal studies use prospective data collection
- Biological specimens collected in the course of longitudinal studies can provide objective measures of antecedents events
- Most common disorders are caused by a combination of genetic and environmental factors operating at critical points in time. Longitudinal studies allow for both factors to be investigated as antecedents
- A powerful strategy for defining the incidence and investigating the multiple outcomes of a single risk factor e.g. poverty

Advantages of Longitudinal Studies: Design



- Minimize the potential for selection bias
- Can do cross-sectional analysis at study points
- Can build RCT or intervention studies within cohort studies
- Particularly well suited for assessing the effects of rare risk factors/exposures
- Adoption of common protocols across countries is a powerful tool to unravel the aetiology of rare conditions, and reduce costs

Why Birth Cohort Studies?



- ▶ They provide invaluable evidence to academics, policy makers and practitioners in the health, education and social sectors.

The Disadvantages of Longitudinal Studies



Why Birth Cohort Studies?



► Disadvantages

- They are generally very time-consuming and expensive
- Bias associated with the loss to follow-up over time



JA KIDS: The Jamaican Birth Cohort Study 2011



- •Goal
- New Initiatives
- Ethics
- Funding/Collaborators
- Steering Committee



Why a second birth cohort study?



- ▶ The first Jamaican Birth Cohort Study conducted in 1986 occurred prior to the explosion in current knowledge about the importance of the early childhood years and in new cohort study investigative methods
- ▶ Areas not investigated
 - Prenatal period
 - First 5 years of life
 - Role of fathers
- ▶ Unable to document the role on child development of:
 - Parenting styles
 - Supportive environments
 - The physical environment
 - Genes

JA KIDS: The Jamaican Birth Cohort Study 2011



► Goal:

- Examine relationships among a wide range of family, school, community, and individual variables that influence health, social and emotional development in children
- Improve health and well-being of Jamaica's children by impacting health and education policy

New Initiatives

- ▶ Collection of data in the antenatal period
- ▶ Collection of detailed information on young children
- ▶ Collection of biological data (blood, saliva)
- ▶ Collection of data from fathers
- ▶ Utilisation of telephone interviewing for data collection
- ▶ Utilisation of internet based data entry system
- ▶ Geo-mapping and analysis

Funding/Collaborators



- ▶ The main funding for this study has been provided by the **Inter-American Development Bank.**

- ▶ However, JA KIDS has also received funding and formed partnerships with:
 - The World Bank
 - UNICEF
 - The National Health Fund
 - CHASE
 - Michigan State University & Partners
 - University of Texas, Houston
 - University of Nevada, Las Vegas

Steering Committee



- ▶ The JA KIDS Steering Committee includes representatives from:
 - UWI
 - STATIN
 - NEPA
 - Ministries of Health, Education, Labour and Social Security
 - Other stakeholders (CDA, PIOJ)

- ▶ The JA KIDS Steering Committee:
 - provided technical and logistical support to the study

 - was structured to ensure that policy implications that are identified early were transmitted to the relevant GOJ Ministries and agencies to impact national development goals, programmes and plans.



JA KIDS: The Jamaican Birth Cohort Study 2011



Contacts with Participants

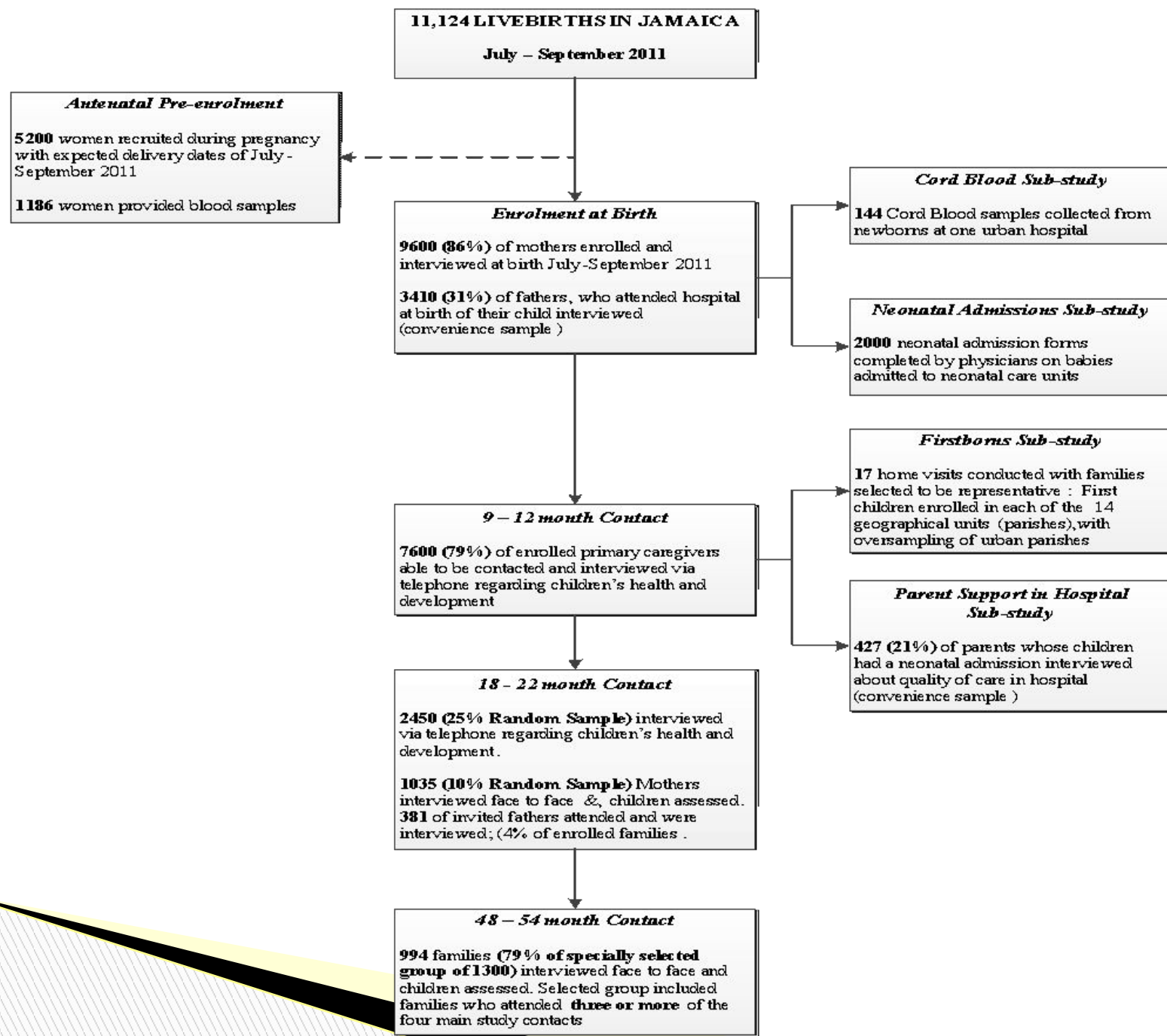


Methodology: Target Population

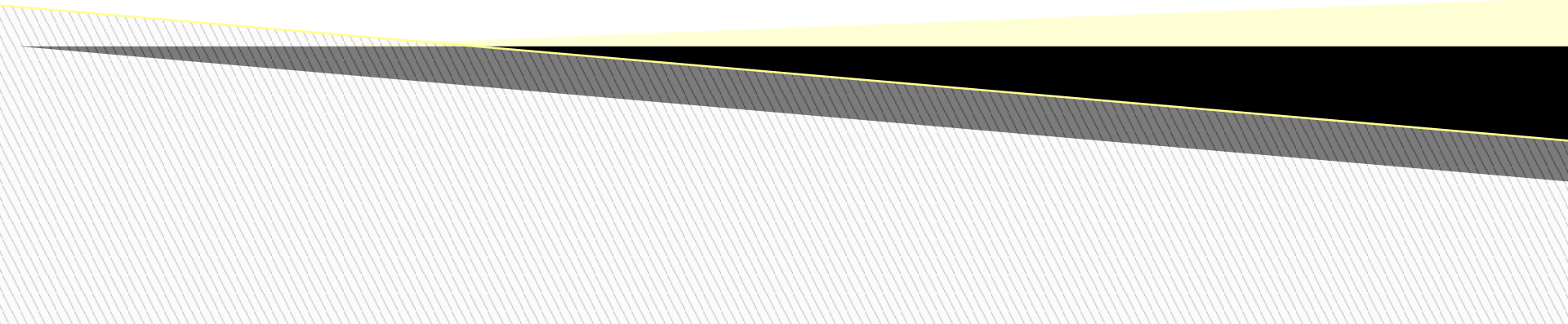


- ▶ All births in Jamaica in July, August & September 2011
(N=11,124 births)

FLOW CHART OF JA KIDS CONTACTS (MAIN STUDY) & SUB – STUDIES



ANTENATAL CONTACT



Methodology: Recruitment

- Recruitment 1: March-June 2011
 - Women 20-28 wks pregnant with EDDs July-Sept 2011
- Public & private ANC's
 - Field Interviewers visited public ANC's to recruit eligible mothers
 - Private physicians were asked to inform their patients about participating in the study

11,124 LIVEBIRTHS IN JAMAICA

July – September 2011

Antenatal Preenrolment

5200 women recruited during pregnancy with expected delivery dates of July-September 2011

1186 women provided blood samples

Enrolment at Birth

9600 (86%) of mothers enrolled and interviewed at birth July-September 2011

3410 (31%) of fathers, who attended hospital at birth of their child interviewed (convenience sample)

Methodology: Data Collection



- ▶ Interviewer Administered Questionnaires

- ▶ Biological Specimens
 - Antenatal Mothers – Blood



Place bar code here

Mother's ID No. [] [] [] [] [] [] [] [] [] []

Mother's Date of birth [] [] [] [] [] [] [] [] [] []

(day) (month) (year)

ID of interviewer [] [] [] []

Date of interview [] [] [] [] [] [] [] [] [] []

(day) (month) (year)

QUESTIONNAIRE NO. 1**"MY EXPECTATIONS OF MY PREGNANCY, MY PARENTING AND MY PARTNER"**

To the Mother: This questionnaire asks questions about what you expect your pregnancy, labour and delivery to be like, what you think about parenting and how you expect to parent your child. The questionnaire also asks about your relationship with your partner now and what you expect that relationship to be like after your baby is born. These questions allow us to understand how you view all aspects of being a mother, and will allow us to check on how your views impact your life as a mother and your baby's health, growth and development

To the Interviewer: This questionnaire is to be administered to all pregnant women who have an expected due date of July 1 to September 30, 2011, after they have consented to take part in this study. The questionnaire should be administered at or soon after booking for antenatal care. **Use ticks to indicate answers.**



Place bar code here

Mother's ID No. [] [] [] [] [] [] [] [] [] []

Mother's Date of birth [] [] [] [] [] [] [] [] [] []

(day) (month) (year)

ID of interviewer [] [] [] []

Date of interview [] [] [] [] [] [] [] [] [] []

(day) (month) (year)

QUESTIONNAIRE NO. 2**"MY LIFE, MY HOME, MY FAMILY, MY COMMUNITY"**

To the Mother: This questionnaire asks general questions about your life, including your home, your family, and your community. These questions allow us to check on how different aspects of your life affect your baby's health, growth and development.

To the Interviewer: This questionnaire is to be administered to all pregnant women who have an expected due date of July 1 to September 30, 2011, after they have consented to take part in this study. The questionnaire should be administered at or soon after booking for antenatal care. **Use ticks to indicate answers.**



Place bar code here

Mother's ID No. [] [] [] [] [] [] [] [] [] []

Mother's Date of birth [] [] [] [] [] [] [] [] [] []

(day) (month) (year)

ID of interviewer [] [] [] []

Date of interview [] [] [] [] [] [] [] [] [] []

(day) (month) (year)

QUESTIONNAIRE NO. 3**"MY HEALTH"**

To the Mother: This questionnaire asks about your health and well-being before the pregnancy and about your previous pregnancy experience, if you have been pregnant before. These questions allow us to check on how your general health, and your health during your previous pregnancies affect your baby's health, growth and development

To the Interviewer: This questionnaire is to be administered to all pregnant women who have an expected due date of July 1 to September 30, 2011, after they have consented to take part in this study. The questionnaire should be administered at or soon after booking for antenatal care. **Use ticks to indicate answers.**

INFORMATION TO BE OBTAINED FROM CLINIC RECORDS / MATERNAL RECORD CARD

H1. Mother's date of booking: [] [] [] [] [] [] [] [] [] []

H2. Mother's gestational age at booking: [] [] weeks

H3. Mother's height at booking: [] feet [] inches or [] [] cm [888] Not recorded

H4. Mother's weight at booking: [] [] [] lbs. [] [] ozs. or [] [] [] kg. [888] Not recorded

H5. Mother's blood pressure at booking: [] [] [] / [] []

H6. Did the mother receive a Maternal Record Card? [1] Yes [2] No

Antenatal Questionnaires 1 & 2

- ▶ Questionnaire No. 1
“My expectations of my Pregnancy, My Parenting and My Partner”

Section A

Previous Parenting Experience

Section B and C

Preparation for Pregnancy and Delivery in this Pregnancy

Section D

Partner Relationships and Expectations

- ▶ Questionnaire No. 2
“My Life, My Home, My Family, My Community”

Section A

Social and Family Characteristics

Section B

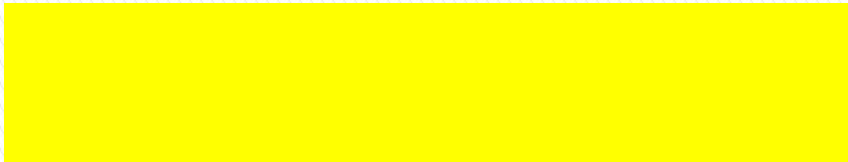
Home Environment

Section C

Lifestyle

Section D

Community



Antenatal Questionnaire 3

► **My Health**

Section A

Conception and Contraception

Section B

Mother's Reproductive History

Section C

The Mother during this
Pregnancy

Section D

Mother's General Physical
Health

► **Section E**

Mother's Emotional
Well-being and Social
Support

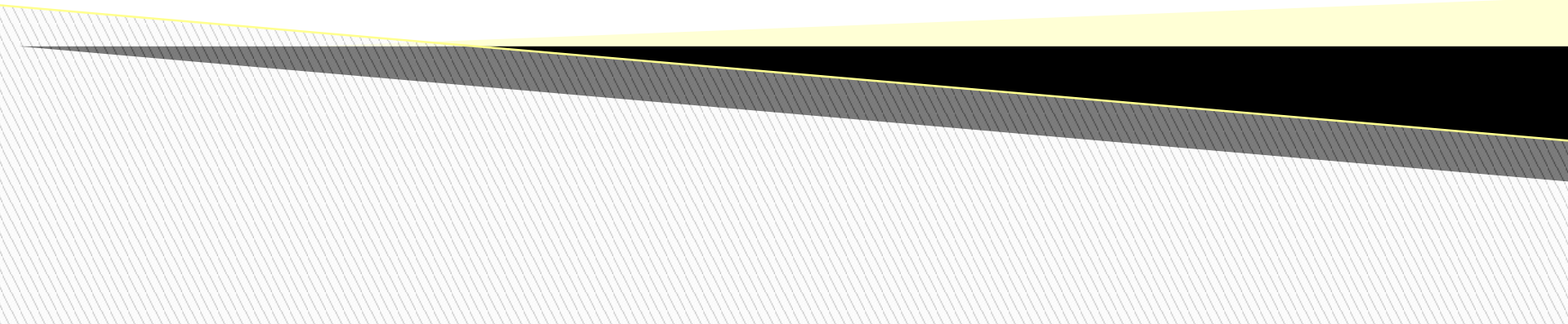
Section F

Physical Safety

Section G

Dietary Assessment – 24 HR
Recall

BIRTH CONTACT



Methodology: Recruitment



- Recruitment 2: July – September 2011
 - Mothers invited to participate at the birth of their children in hospitals and birthing centres across the country
 - Fathers who visited hospitals at birth of their children invited to participate

Enrolment at Birth

9600 (86%) of mothers enrolled and interviewed at birth July-September 2011

3410 (31%) of fathers, who attended hospital at birth of their child interviewed (convenience sample)

Cord Blood Sub study

144 Cord Blood samples collected from newborns at one urban hospital

Neonatal Admissions Sub-study

2000 neonatal admission forms completed by physicians on babies admitted to neonatal care units



Place bar code here

Delivery ID No. [] [] [] [] [] []

Mother's ID No. [] [] [] [] [] []

Date of Delivery [] [] [] [] [2] [0] [1] [1]
(day) (month) (year)

Place of Delivery: _____

ID of interviewer [] [] []

Date of interview [] [] [] [] [2] [0] [1] [1]
(day) (month) (year)

Time of interview [] [] : [] []

QUESTIONNAIRE NO. 4

"MY PREGNANCY LABOUR AND DELIVERY"

To the Mother: This questionnaire asks about your health and well-being during your pregnancy, during labour and at delivery. Most pregnancies are healthy, but a few may have had problems. Some health conditions unrelated to pregnancy may also occur during pregnancy. This questionnaire also asks about your home, your social background and exposure to physical and chemical agents during your pregnancy. These questions allow us to check on how your health and environment during your pregnancy affects your baby's health, growth and development

To the Interviewer: This questionnaire is to be administered to all pregnant women who have delivered a baby between July 1, and September 30, 2011, after they have consented to take part in this study. The questionnaire should be administered when mothers are on the postnatal ward.

STATUS OF MOTHER AND BABY: This information is to be obtained from the nurse in charge of the ward prior to approaching the mother for interview.

1. Current status of mother

[1] Alive, healthy [2] Alive, ill [3] Dead [9] Not known

2. Current status of baby

[1] Alive, healthy [3] Alive, ill admitted to _____ hospital

[2] Alive, ill not admitted to hospital [4] Dead

[9] Not known



Place bar code here

Delivery ID No. [] [] [] [] [] []

Father's ID No. [] [] [] [] [] []

Baby's Date of Birth [] [] [] [] [2] [0] [1] [1]
(day) (month) (year)

Place of Delivery: _____

ID of interviewer [] [] []

Date of interview [] [] [] [] [2] [0] [1] [1]
(day) (month) (year)

Time of interview [] [] : [] []

QUESTIONNAIRE NO. F1

"MY ROLE AS A MAN AND A FATHER"

To the Father: This questionnaire asks questions about how you feel about your relationship and being a father. These questions allow us to check on how your views as a father impact your baby's health, growth and development

To the Interviewer: This questionnaire is to be administered to the biological fathers of all babies born between July 1, 2011 and September 30, 2011, after they have consented to take part in this study. The questionnaire should be administered after the birth of the baby.

Birth Questionnaires

My Pregnancy, Labour & Delivery

Section A

Social Background

Section B

My Previous Pregnancies and Health

Section C

This Pregnancy

Section D

Environmental Exposure

Section E

Labour and Delivery

Section F

About the Baby

Section G

Word List

▶ My Role as a Man and a Father

Section A

Previous Parenting Experience

Section B

Preparation for Pregnancy and Delivery in this Pregnancy

Section C

Preparation for Parenting

Section D

Partner Relationships and Expectations

Section E

Lifestyle Exposure

Section F

Father's Emotional Well-being and Support

Section G

Sexual and Reproductive Health

Section H

Social Background and Health

Methodology: Birth Contact Sub-Studies



- ▶ Cord Blood
 - Collected cord blood from 144 babies at UHWI to examine toxins present in babies' blood at birth
- ▶ Neonatal Admissions
 - We have data on approximately 2000 neonatal (first 28 days of life) admissions across the island. This data will assist in the examination of trends in infant mortality and morbidity.
- ▶ GIS-Mapping
 - Mona Geoinformatics Institute assisted JA KIDS in mapping the locations of study mothers. The spatial analyses were done to determine the service delivery zones for health centres, clinics and hospitals and also the impact of the prenatal environment including exposure to environmental toxins such as cadmium, lead and arsenic on the impact on low birth weight.

Enrolment at Birth

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Cord Blood Sub study

144 Cord Blood samples collected from newborns at one urban hospital

Neonatal Admissions Sub-study

2000 neonatal admission forms completed by physicians on babies admitted to neonatal care units

Delivery ID No. [] [] [] [] [] []
ID No. [] [] [] [] [] [] [] []

Date of baby's birth [] [] [] [] [2] [0] [] []

(day) (month) (year)

Place of baby's birth _____

Hospital of Admission _____

Hospital Registration Number _____

Date of Completion [] [] [] [] [2] [0] [1] [1]

(day) (month) (year)

JA KIDS: THE JAMAICAN BIRTH COHORT STUDY 2011

"NEONATAL ADMISSION QUESTIONNAIRE"

To the Paediatric Consultant / Resident:

This questionnaire is to be completed on all babies born between July 1 and September 30, 2011 who are admitted to hospitals where there is a paediatrician, when they are prior to 28 days of age

This questionnaire is designed to investigate the causes of neonatal morbidity and mortality in Jamaica. Please complete on discharge by making reference to the hospital notes.

Neonatal Admission Questionnaire

▶ **Section A**
Admission Information

Section B
General Characteristics of Baby

Section C
Status of Baby at Delivery

Section D
Measurements

Section E
Symptoms and Clinical Course
(excluding Congenital/Infectious
Causes)

Section F
Major Congenital Abnormalities

▶ **Section G**
Feeding and Nutrition

Section H
Laboratory Investigations Done
and Results

Section I
Treatments and Interventions
Done during Hospital Stay

Section J
Medications Prescribed during
Hospital Stay

Section K
Outcome and Discharge
Information

Section L
Information to be completed for
Neonates who have died

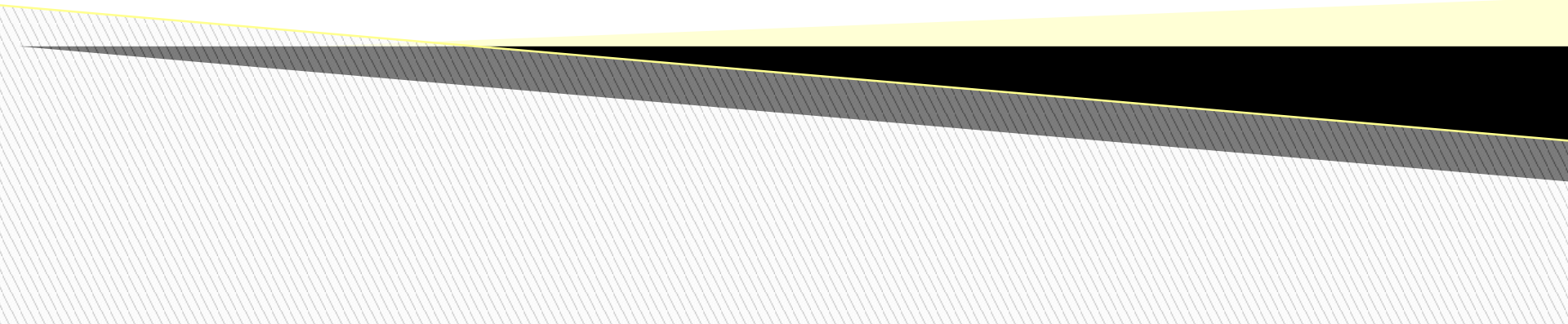
Linking Antenatal & Birth



- ▶ The study team was able to match approximately 3700 antenatal participants with those enrolled in birth period.

- ▶ Reasons for inability to match include
 - Baby born outside cohort period
 - Mothers missed or refused during Birth contact
 - Miscarriage
 - Abortion
 - Mother died
 - Mother gave birth at non-participating hospital

9 – 12 MONTH CONTACT



Methodology: 9 – 12 Month Contact



- ▶ Five contact telephone numbers were obtained from mothers at birth
- ▶ “People who will always know where you are”
- ▶ These numbers were used to contact and interview primary caregivers (largely mothers)

9 – 12 month Contact

7600 (79%) of enrolled primary caregivers able to be contacted and interviewed via telephone regarding children's health and development

18 - 22 month Contact

2450 (25% Random Sample) interviewed via telephone regarding children's health and development.

1035 (10% Random Sample) Mothers interviewed face to face &, children assessed. **381** of invited fathers attended and were interviewed; (4% of enrolled families.

48 – 54 month Contact

994 families (79% of specially selected group of 1300) interviewed face to face and children assessed. Selected group included families who attended **three or more** of the four main study contacts

Date of interview [] [] [] [] [2] [0] [1] [2]
(day) (month) (year)

JA KIDS: THE JAMAICAN BIRTH COHORT STUDY 2011

"ME AND MY JA KID AT NINE MONTHS"

INTRODUCTION

Hello. My name is _____ and I'm calling from JA KIDS, is [mother's full name] available? Do you remember being a part of the JA Kids study (filling out some questions) when (you were pregnant and) when you had [your baby baby's name if possible] at [hospital] on [date]?

We would like to get some additional information to see how you are doing and see how the baby is developing now that s/he is about 9-months old.

We also have a gift for the baby and would like to ask you a few questions if you don't mind. *[Wait for response]*

CALL BACKS

a. *Call Backs / Appointments Made*

If this is not a good time – What would be a good time to call you back?

- *Set Date and Time:*

Thank you. Someone will be calling you the day before to confirm the interview (if interview is made more than a day in advance).

REFUSAL

b. Refusal

"I'm really sorry to hear that. Are you sure that you don't us to call you back at another time?"

- If insistent that they are not participating

Ok (Name) Do you mind telling us why you don't want to participate at this time?

- *Participant gives reason*

[Name] I am sorry you feel that way but I can assure you that this is not true. Give reason
Would you like to speak to our data manager? She can provide you with details and answer any questions you may.

I'm sorry you won't be able to participate, but thanks for your time so far. We'd still like to send your baby [name if possible] a gift of a small book. We can either send the book to your clinic/doctor's office [name if possible] or you can come by our office to collect this gift.



Me and My JA Kid at Nine Months*

"Me and My JA Kid at Twelve Months"

Section A

Confirmation of Personal Details

Section B

About the Baby

Birth Registration

Baby's Health

Baby's Nutrition

Baby's Development and Temperament

Baby's Personality

Section C

About the Mother/Primary Caregiver

Section D

Mother Child Interaction/Resources at Home

Section E

Mother's Work and Baby's Care

Section F

Mother's Health

Methodology: First Borns Sub-Study



► Firstborns

- Aim: To evaluate the quality of the children's home environments (including parenting practices and ECD resources) and assess the developmental competence of 1 year old children
- Families representing hospitals in each parish participated in this sub-study. Firstborns in each parish that could be contacted
- Observational Study. Families visited in their homes across the country

Insert Video Here



Methodology: Parent Support Sub-Study



- ▶ **Parent Support in Hospital Study**
- ▶ Aim: To evaluate adequacy of support provided to parents of newborns admitted to hospital
- ▶ Parents whose children were admitted to neonatal care units interviewed by telephone

9–12 month Contact

7600 (79%) of enrolled primary caregivers able to be contacted and interviewed via telephone regarding children's health and development

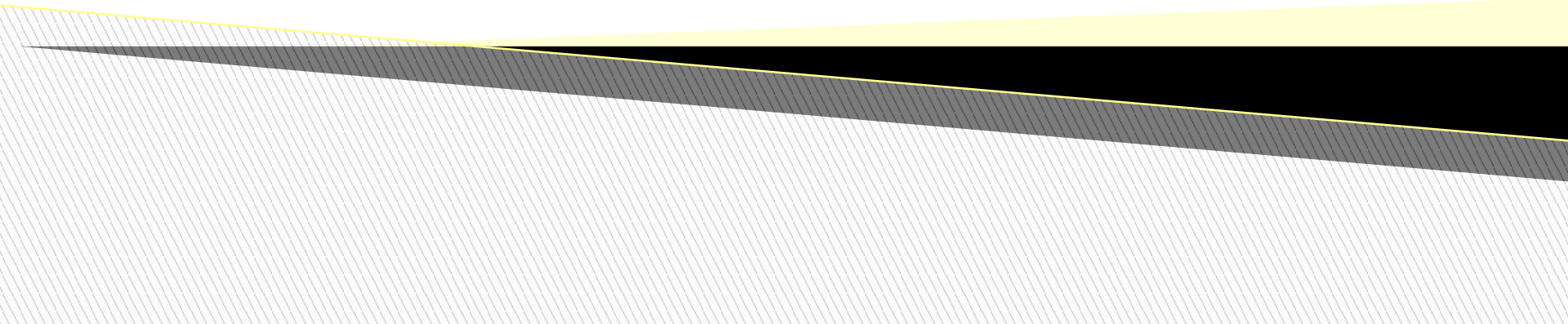
Firstborns Sub-study

17 home visits conducted with families selected to be representative: First children enrolled in each of the 14 geographical units (parishes), with oversampling of urban parishes

Parent Support in Hospital Sub-study

427 (21%) of parents whose children had a neonatal admission interviewed about quality of care in hospital (convenience sample)

18 – 22 MONTH CONTACT



Methodology: 18 – 22 Month Contact



- ▶ The 18 – 22 month contact was conducted in two ways:
 - Telephone Interviews (25% Random Sample)
 - Face to Face Assessments (10% Random Sample “Focus Group”)
 - Families came to one of six locations for the face to face assessments (Kingston, Mandeville, Falmouth, Black River, Montego Bay and St. Ann).
 - Instruments/Assessments:
 - Parent Interview
 - Anthropometry (Parents and Child)
 - Developmental Assessment (Child): Mullen Scale of Early Learning
 - Cognitive Assessment: PPVT (Parent and Child)
 - Behaviour Assessment , CBCL, Parent Interview
 - Parent Literacy: MICO Reading Test.

9 – 12 month Contact

7600 (79%) of enrolled primary caregivers able to be contacted and interviewed via telephone regarding children's health and development

18 - 22 month Contact

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48 – 54 month Contact

994 families (79% of specially selected group of 1300) interviewed face to face and children assessed. Selected group included families who attended **three or more** of the four main study contacts

rixMother's ID No. [] [] [] [] [] [] [] []

Date of delivery [] [] [] [] [2] [0] [1] [1]
(day) (month) (year)

ID of interviewer [] []

Date of interview [] [] [] [] [2] [0] [1] [3]
(day) (month) (year)

JA KIDS: THE JAMAICAN BIRTH COHORT STUDY 2011
"ME AND MY JA KID AT EIGHTEEN MONTHS": TELEPHONE INTERVIEW FORM

INTRODUCTION

Hello. My name is _____ and I'm calling from JA KIDS, is [mother's full name] available? Do you remember being a part of the JA Kids study (filling out some questions) when (you were pregnant and) when you had [baby's name] at [hospital] on [date]? You may also remember talking to us by telephone when [baby's name] was 9 months old.

We would like to get some additional information to see how you are doing and see how the baby is developing now that s/he is about 18-months old.

We also have a gift for the baby and would like to ask you a few questions if you don't mind. *[Wait for response]*

CALL BACKS

a. Call Backs / Appointments Made

If this is not a good time – What would be a good time to call you back?

• Set Date and Time:

Thank you. Someone will be calling you the day before to confirm the interview (if interview is made more than a day in advance).

REFUSAL

b. Refusal

I'm really sorry to hear that. Are you sure that you don't want us to call you back at another time?

• If insistent that they are not participating

Ok [Name] Do you mind telling us why you don't want to participate at this time?

• Participant gives reason

[Name] I am sorry you feel that way but I can assure you that this is not true. *[Give reason]*

Would you like to speak to our data manager? She can provide you with details and answer any questions you may.

I'm sorry you won't be able to participate, but thanks for your time so far. We'd still like to send your baby [name if possible] a gift of a small book. We can either send the book to your clinic/doctor's office [name if possible] or you can come by our office to collect this gift.

Me and My JAKID 18-24 mths.



Section A

Confirmation of Personal
Details

Section B

About the Baby

Birth Registration

Baby's Health

Baby's Nutrition

Baby's Development & Temperament:

Feeding, Sleeping, Crying

Baby's Development

*Modified Checklist for Autism in
Toddlers*



Section D

Mother/Primary Caregiver
Child Interaction/Resources at
Home

Section E

Mother's/Primary Caregiver's
Work and Baby's Care

Section F

Mother's/Primary Caregiver's
Health

Section C

About the
Mother/Primary Caregiver

48 – 54 MONTH CONTACT

Methodology: 48 – 54 Month Contact



- Face to Face Assessments
- Families seen in various locations for the face to face assessments (Kingston, Mandeville, Falmouth, Black River, Montego Bay and St. Ann).
- Instruments/Assessments:
 - Parent Interview
 - Anthropometry (Parents and Child)
 - Developmental Assessment (Child): Mullen Scale of Early Learning
 - Cognitive Assessment: PPVT (Parent and Child)
 - Behaviour Assessment , CBCL, Parent Interview
 - Executive Function (Child)

9 – 12 month Contact

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MOTHER'S ID No. [] - [] - [] - [] [] [] [] []

TELEPHONE INTERVIEW

Date of delivery [] [] [] [] [2] [0] [1] [1]
(day) (month) (year)

ID of interviewer [] []

Date of interview [] [] [] [] [2] [0] [1] [5]
(day) (month) (year)

JA KIDS: THE JAMAICAN BIRTH COHORT STUDY 2011
"ME AND MY JA KID AT FOUR YEARS": IN PERSON INTERVIEW FORM

PLEASE CIRCLE RESPONSES & MARK (X) IN CHECK BOXES

Welcome to the 4 Year Old Contact for JA Kids. Thanks for taking the time to see us. All data collected from you will remain confidential and will not be shared with anyone else without your permission.

Preliminary Information

A1. How are you (mother) doing?

[1] Alive, healthy [2] Alive, ill [3] Dead [8] Not stated [9] Not known

A1a. How is baby's biological dad doing?

[1] Alive, healthy [2] Alive, ill [3] Dead [9] Not known

A1b. How's baby doing?

[1] Very healthy [2] Healthy, with few minor problems [3] Sick, but not admitted to hospital
[4] Sick, admitted to hospital (hospital name) [4] Dead [8] Not Stated [9] Not known

Was JA KIDS delivery... [1] Single [2] Twin [3] Triplet

Questionnaire being completed for:

Single Child [] Twin 1 [] Twin 2 [] Triplet 1 [] Triplet 2 [] Triplet 3 []

Child's Last Name [] Child's First Name []

CHILD'S HEALTH

We would like to know what illness [baby's name] has had. For some things, we want to know whether they have happened since the baby was born and for others we want to know if they have happened since the baby was one year old. Please tell me whether the baby got this illness and if s/he saw a doctor. I will also be asking you whether the baby has been admitted to a hospital or had any serious accidents

CH1. Where do you mainly take your baby for immunisation (vaccines, shots)?

[1] Public Clinic [4] Hospital [8] Not stated
[2] General Doctor [5] Other, specify [9] Not known
[3] Paediatrician

CH2. Where do you mainly take your baby when he/she is a little sick?

[1] Public Clinic [4] Hospital [8] Not stated
[2] General Doctor [5] Other, specify [9] Not known
[3] Paediatrician [6] Not applicable

CH3. Since your child was 2 years old, has [baby's name] had any of the following sicknesses

Illnesses	[1] Yes and saw a Dr.	[2] Yes, No doctor	[3] No	[8] No Response	[9] Not known
a. Chest Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chik-V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Convulsions/ fits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Four Year Old Questionnaire

▶ **Me and My JA Kid at Four Years”**

Section A

Preliminary Information

Section B

Information on Delivery

Section C

About the Child – Child’s Health

Immunisation

Physical Health

Dental Care

Admission to Hospital

Child’s Nutrition

Baby’s Development & Temperament: Feeding, Sleeping, Temper Tantrums

▶ **Section D**
Life Events

Section E

Early Childhood Experiences

Section F

About the Mother/Primary Caregiver

Mother Child Interaction/Resources at Home

About the Mother/Primary Caregiver

Biological Father’s Involvement

Biological Mother’s Involvement

Mother’s Work and Baby’s Care

Socio-Economic and Family Status

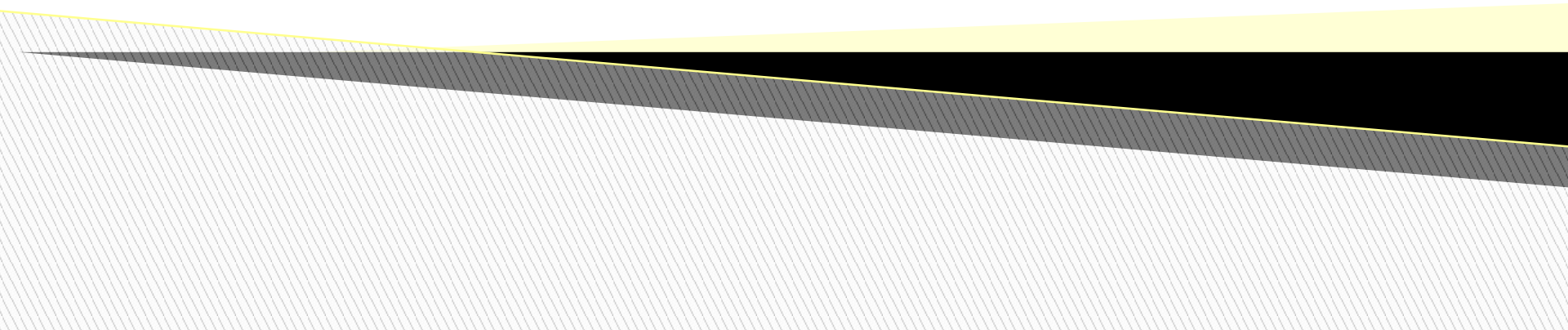
Mother’s Emotional Well-being and Social Support

Life Events

Household Chore Responsibility

Your Partner’s Attitudes and Behaviours

JAKIDS FAMILIES PROFILES



JA Kids Sample Profile (Birth Contact)

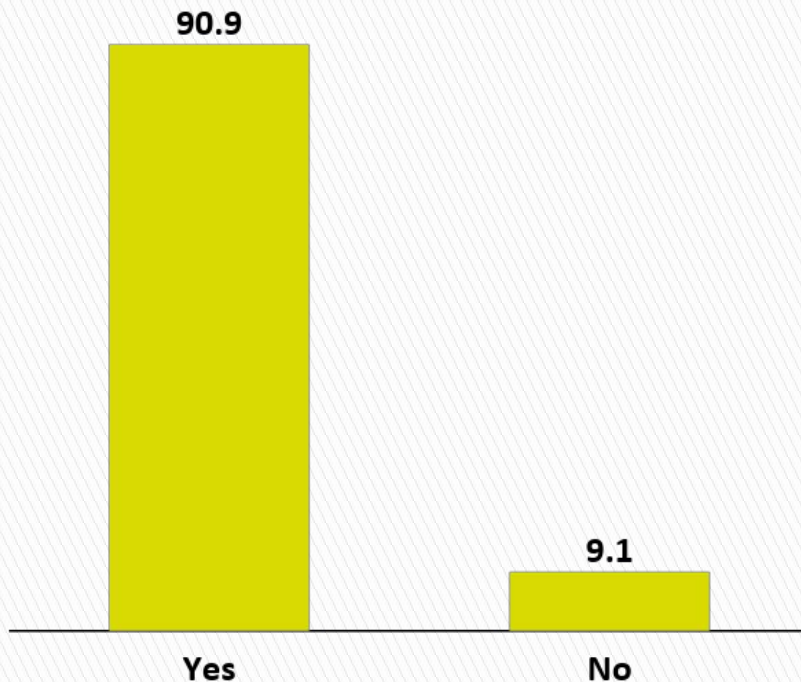


- ▶ Sample Size – 9742
- ▶ Of this number, 51% of deliveries were boys and 49% girls
- ▶ Maternal & Paternal Age

	Mothers	Fathers
Mean	26.4	31.35
Median	25	30
Mode	20	27

Relationship Status

Are you currently in a relationship with the baby's father?



- ▶ 91 % of Mothers indicated that they were in a relationship with the father upon the delivery of the study child

Major Wage Earner

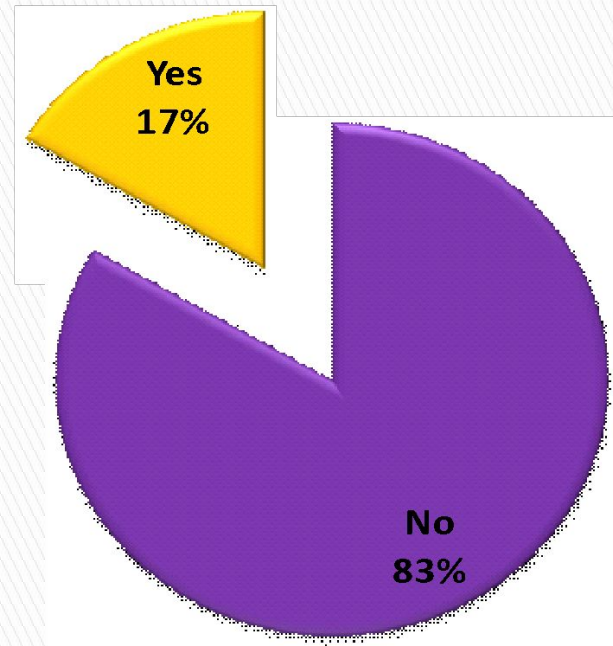
Major Wage Earner (when not the mother)	Frequency	Valid Percent
Spouse	4176	59.7
My parents	1666	23.8
Spouse / Partners parents	99	1.4
Spouse / partner's relatives	45	.6
My relative, specify	467	6.7
Other non relative, specify	72	1.0
Other, specify	465	6.7
Total	6990	100.0

- ▶ 22% of Mothers indicated that they were the major wage earner
- ▶ This compares with 7.4% in 1986
- ▶ In the 78% of cases where the mother was not the major wage earner this role was fulfilled by the spouse or parents

Enrolment in PATH

- ▶ 17% of Mothers indicated that they were enrolled in the PATH programme at delivery

Enrolled in PATH Programme



Antenatal Care

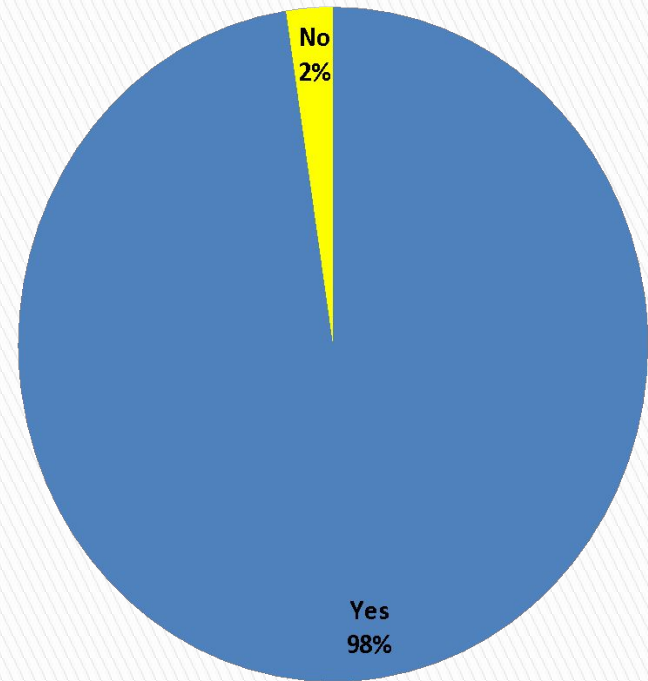
- ▶ 98.1% of mothers sought antenatal care
- ▶ Average number of visits = 7



Profile of Fathers

- ▶ There were 3410 fathers who were interviewed shortly after the birth of the study child
- ▶ 98% of the fathers interviewed reported that they were currently in a relationship with the child's mother

Are you in a relationship with the Birth Mother?



Major Wage Earner

- ▶ 81.9% of Fathers indicated that they were the major wage earner



Major Wage Earner

If no, what is the relationship of the major wage earner of the family to you?

Response	Frequency	Valid Percent
Spouse	149	26.9
My parents	217	39.2
Spouse / Partners parents	11	2.0
Spouse / partner's relatives	6	1.1
My relative, specify	70	12.7
Other non relative, specify	22	4.0
Other, specify	78	14.1
Total	553	100.0

- Where fathers were not the major wage earner they reported that the major wage earner was:
 - ▶ Their parents – 39.2% or
- Their spouse – 26.9%
- In 12.7% of cases the major wage earner was another relative

