Promoting Infant-Directed Speech in Ghana

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Policy issue: Encouraging infant-directed speech

- Talking to infants in complete, if simplified, sentences and introducing them to a range of words improves child development (Monnot 1999, Weisleider and Fernald 2013)
- Child development specialists refer to this practice as "infant-directed speech" (IDS)
- IDS is less common in lower-SES families
  - Within societies (Hart and Risley 1995, Hoff 2003)
  - Across societies (Farran et al. 2016)
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Lower-SES parents might underestimate the benefits of IDS

- Pilot findings: Few parents believe that talking in complete sentences to an infant younger than 6 months old is important
  - Only 20% among 700 adults in Burkina Faso surveyed in 2017
  - Only 32% among a more educated sample from Duflo, Dupas, and Spelke study of secondary school in Ghana
- Not intuitive that an infant who is pre-verbal understands and learns from conversation directed at her
  - Higher-SES people who use IDS are mirroring their peers’ behavior or learned its importance from experts
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Scope for a low-touch intervention

- Unlike some inputs into child development, IDS does not require much skill
- Might not need lengthy instruction on how to do it, but rather just info on importance of doing it (open question)
  - Contrast with psycho-social stimulation which involves training on how to do it
- We develop and test a brief (3 minute video) on the importance of IDS
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Related literature

- Suskind et. al. (2016) evaluated a home-visiting intervention as part of the Thirty Million Words initiative; the 8 one-hour visits improved parental knowledge and behavior

- Weber, Fernald, and Diop (2017) evaluate a Tostan program in Senegal with 43 groups sessions and 18 home visits over 10 months; increases children’s utterances + vocabulary

- Low touch: RCT among 427 new mothers in the US of 10-minute video on the importance of speaking to newborns improved knowledge of importance of IDS (Suskind et al., 2017)
How we made the study nimble

- We piggyback on Ghana Socioeconomic Panel Survey (GSPS), representative sample led by Chris Udry and colleagues
  - Wave 3 of the survey began in June 2018
  - Sample also includes HHs from “graduation/ultrapoor” study
- Video was shown during the survey visit, so low marginal costs of this add-on
  - Develop video ($800 through Upwork)
  - RA time to pilot our survey module and the video
  - Print calendars (add-on intervention to boost salience and create common knowledge)
  - 5 to 10 minutes extra for survey visit
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Details on sample and protocol

- About 3700 households enrolled: Woman age 18 to 40
- Added 10 “baseline” questions on knowledge and practice of IDS
- After administering survey module, intervention delivered
- 40% in control group, 30% watch video, 30% watch video and get calendar
- We will primarily pool the treatment groups; also will test if extra salience of calendar is worth the extra cost
Measuring outcomes

- Conduct phone survey in mid-2019
  - Knowledge of IDS (relevant for full sample)
  - Self-reported IDS behavior (relevant if had child under age 2 at or after intervention, or 30% of sample)

- In-person visit in late 2019 to measure child’s language development (age 14 months and older at time of visit)
  - Measures designed by Liz Spelke, child development expert in Harvard Psychology department
  - Currently being fielded in study in Ghana on project that involves co-PIs of this study, Dupas and Walsh
  - Also being used in a study by Attanasio et al in northern Ghana

- We will also measure child development impacts in 4 years through next wave of GSPS
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How this intervention could be scaled up

- During prenatal or postnatal visits
- We will liaise with Ghana Health Service/Ministry of Health