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