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Abstract 45

From the earliest months of life, infants prefer listening to and learn better from

infant-directed speech (IDS) than adult-directed speech (ADS). Yet, IDS differs within

communities, across languages, and across cultures, both in form and in prevalence. This

large-scale, multi-site study used the diversity of bilingual infant experiences to explore the

impact of different types of linguistic experience on infants' IDS preference. As part of the

multi-lab ManyBabies project, we compared lab-matched samples of 333 bilingual and 385 51

monolingual infants' preference for North-American English IDS (cf. ManyBabies 52

Consortium, in press (MB1)), tested in 17 labs in 7 countries. Those infants were tested in 53

two age groups: 6-9 months (the younger sample) and 12-15 months (the older sample). We

found that bilingual and monolingual infants both preferred IDS to ADS, and did not differ 55

in terms of the overall magnitude of this preference. However, amongst bilingual infants who 56

were acquiring North-American English (NAE) as a native language, greater exposure to 57

NAE was associated with a stronger IDS preference, extending the previous finding from

MB1 that monolinguals learning NAE as a native language showed a stronger preference

than infants unexposed to NAE. Together, our findings indicate that IDS preference likely

makes a similar contribution to monolingual and bilingual development, and that infants are

exquisitely sensitive to the nature and frequency of different types of language input in their

early environments. 63

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Keywords: language acquisition; bilingualism; speech perception; infant-directed speech;

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A multi-lab study of bilingual infants: Exploring the preference for infant-directed speech

When caregivers interact with their infants, their speech often takes on specific,
distinguishing features in a speech register known as infant-directed speech (IDS; Fernald et
al., 1989). IDS is produced by caregivers of most (although not all) linguistic and cultural
backgrounds, and is typically characterized by a slow, melodic, high-pitched, and
exaggerated cadence (Farran, Lee, Yoo, & Oller, 2016; Fernald et al., 1989; Kitamura,
Thanavishuth, Burnham, & Luksaneeyanawin, 2001; Pye, 1986; Shute & Wheldall, 1999).
From early in life, infants tune their attention to IDS, preferring to listen to IDS over
adult-directed speech (ADS) both at birth (Cooper & Aslin, 1990), as well as later in infancy
(Cooper, Abraham, Berman, & Staska, 1997; Cooper & Aslin, 1994; Fernald, 1985; Hayashi,
Tamekawa, & Kiritani, 2001; Kitamura & Lam, 2009; Newman & Hussain, 2006; Pegg,
Werker, & McLeod, 1992; Santesso, Schmidt, & Trainor, 2007; Singh, Morgan, & Best, 2002;
Werker & McLeod, 1989; Werker, Pegg, & McLeod, 1994).

Infants' preference for IDS may play a useful role in early language learning. For
example, infants are better able to discriminate speech sounds in IDS than in ADS (Karzon,
1985; Trainor & Desjardins, 2002), more efficiently segment words from continuous speech in
an IDS register (Thiessen, Hill, & Saffran, 2005), demonstrate better long-term memory for
words spoken in IDS (Singh, Nestor, Parikh, & Yull, 2009) and learn new words more
effectively from IDS than ADS (Graf Estes & Hurley, 2013; Ma, Golinkoff, Houston, &
Hirsh-Pasek, 2011; but see Schreiner, Altvater-Mackensen, & Mani, 2016).

While most studies have confirmed a general, early preference for IDS, to date there is
very little research aimed at understanding how different linguistic experiences affect infants'
preferences. For instance, although the existence of IDS has been demonstrated in a large
number of cultures (see above citations), the vast majority of the research on infants' IDS
preferences has been conducted in North America, using English speech typically directed at

North American English-hearing infants (Dunst, Gorman, & Hamby, 2012). Most critically, past work has been limited to a particular kind of linguistic (and cultural) experience: that of the monolingual infant. Here, we present a large-scale, multi-site, pre-registered study on bilingual infants, a population that is particularly suited to explore the relationship between language experience and IDS preference. Moreover, this research provides important insight into the early development of bilingual infants, a large but understudied population.

Does experience tune infants' preference for IDS?

What role might experience play in tuning infants' attention to IDS? We aggregated 99 results from a recent published meta-analysis (Dunst et al., 2012) with additional 100 community-contributed data (MetaLab, 2017) to examine their combined results. When all 101 62 studies are considered, we found a moderately-sized average effect of Cohen's d = .64. A 102 focus on the 22 studies most similar to ours (testing IDS preference using looking times 103 collected in a laboratory, among typically-developing infants from 3–15 months, with 104 naturally-produced English-spoken IDS from an unfamiliar female speaker), the effect size is 105 slightly lower, d = .6. Although this meta-analysis focused on infants in the first year of life, 106 other studies of infants aged 18–21 months have also reported a preference for IDS over ADS 107 (Glenn & Cunningham, 1983; Robertson, von Hapsburg, & Hay, 2013). There is some 108 evidence that older infants show a greater preference for IDS than younger infants (Dunst et 109 al., 2012), although an age effect was not found in the subsample of 22 studies mentioned above. More evidence is needed to explore the possibility that increased language experience 111 as children grow enhances their preference for IDS. 112

Another variable that would be important in understanding the role of experience in the preference for IDS is whether the speech stimuli were presented in a native or non-native language. Numerous studies in early perception find different developmental trajectories for perception of native versus non-native stimuli (e.g. discriminating human faces

vs. discriminating monkey faces, Lewkowicz & Ghazanfar, 2006; discriminating native 117 vs. discriminating non-native speech sound categories, Maurer & Werker, 2014; segmenting 118 word forms from fluent speech, e.g., Polka & Sundara, 2012). Generally, whereas infants 119 show increasing proficiency in discriminating the types of faces and sounds that are present 120 in their environment, they lose sensitivity to the differences between non-native stimuli over 121 time. This general pattern might lead us to predict that infants will initially be sensitive to 122 differences between IDS and ADS in both the native and non-native languages, but that this 123 initial cross-linguistic sensitivity will decline with age. In other words, at some ages, infants' 124 preference for IDS over ADS could be enhanced when hearing their native language. 125 However, to date, there is very little data on this question. Importantly, this general trend, if 126 it exists, may interact with differences across languages in the production of IDS. The 127 exaggerated IDS of North American English might be either more interesting or less interesting to an infant whose native language is characterized by a less exaggerated form IDS, than for an infant who regularly hears North American English IDS.

Only a handful of IDS preference studies have explicitly explored infants' preference for 131 IDS from infants' native versus a non-native language. Werker et al. (1994) compared 4.5-132 and 9-month-old English and Cantonese-learning infants' preference for videos of Cantonese 133 mothers using IDS versus ADS. Both groups showed a preference for IDS; however, the 134 magnitude of the preference between the two groups was not specifically compared (Werker 135 et al., 1994). Hayashi et al. (2001) studied Japanese-learning infants' (aged 4–14 months) 136 preference for native (Japanese) and non-native (English) speech. Japanese-learning infants 137 generally showed a preference for Japanese IDS over ADS, as well as an increasing preference for Japanese IDS over English IDS. The latter finding shows that infants tune into their native language with increased experience; however, as the study did not measure infants' interest in English ADS, we do not know whether Japanese infants were equally sensitive to the difference between ADS and IDS in the non-native stimuli, or whether/how this might 142 change over time.

Infants growing up bilingual are typically exposed to IDS in two languages. They 144 provide a particularly useful wedge in understanding experiential influences on infants' 145 attention to IDS. Bilingual infants receive less exposure to each of their languages than 146 monolingual infants, and the exact proportion of exposure to each of their two languages 147 varies from infant to infant. This divided exposure does not appear to slow the overall rate 148 of language acquisition: bilinguals pass their language milestones on approximately the same 149 schedule as monolingual infants, such as the onset of babbling and the production of their 150 first words (Werker & Byers-Heinlein, 2008). Nonetheless, children from different language 151 backgrounds receive different types of input, and must ultimately acquire different language 152 forms, which can alter some patterns of language acquisition (e.g., Choi & Bowerman, 1991; 153 Slobin, 1985; Tardif, 1996; Tardif, Shatz, & Naigles, 1997; Werker & Tees, 1984). As a 154 consequence, bilingual infants allow researchers to investigate how a given "dose" of experience with a specific language relates to phenomena in language acquisition, while holding infants' age and total experience with language constant (Byers-Heinlein & Fennell, 2014). 158

Aside from the opportunity to study dose effects, it is important to examine the 159 preference for IDS in bilingual infants for the sake of understanding bilingual development 160 itself. Several lines of research suggest that early exposure to two languages changes some 161 aspects of early development (Byers-Heinlein & Fennell, 2014), including bilinguals' 162 perception of non-native speech sounds (i.e., sounds that are in neither of their native 163 languages). For example, a number of studies have reported that bilinguals maintain 164 sensitivity to non-native consonant contrasts (García-Sierra, Ramírez-Esparza, & Kuhl, 2016; Petitto et al., 2012; Ramírez, Ramírez, Clarke, Taulu, & Kuhl, 2017), tone contrasts (Graf Estes & Hay, 2015; Liu & Kager, 2017a), and visual differences between languages (i.e., rhythmic and phonetic information available on the face of talkers; Sebastián-Gallés, 168 Albareda-Castellot, Weikum, & Werker, 2012) until a later age than monolinguals. Other 169 studies have suggested that bilinguals' early speech perception is linked to their language

dominance (Liu & Kager, 2015; Molnar, Carreiras, & Gervain, 2016; Sebastián-Gallés & Bosch, 2002), whereby bilinguals' perception most closely matches that of monolinguals in 172 their dominant language. Bilingual infants also demonstrate some cognitive differences from 173 monolinguals that are not specific to language, including faster visual habituation (Singh et 174 al., 2015), better memory generalization (Brito & Barr, 2014; Brito, Sebastián-Gallés, & 175 Barr, 2015), and greater cognitive flexibility (Kovács & Mehler, 2009a, 2009b). This might 176 reflect an early-emerging difference in information processing between the two groups. 177 Together, these lines of work raise the possibility that preference for IDS versus ADS could 178 have a different developmental course for bilingual and monolingual infants, and that 179 bilinguals' distinct course could interact with factors such as language dominance. 180

Bilinguals' exposure to and learning from IDS

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Overall, there is very little research on whether bilinguals' experience with IDS is 182 comparable to monolinguals' experience. Some research has compared English monolinguals 183 and English-Spanish bilinguals in the United States (Ramírez-Esparza, García-Sierra, & 184 Kuhl, 2014, 2017). Here, researchers reported that bilingual infants around 1 year of age 185 received less exposure to IDS than monolingual infants on average. Moreover, in the bilingual families, input was more evenly distributed across infant- and adult-directed 187 registers. It is difficult to know whether the results reported in these studies generalize to 188 other populations of bilinguals, or whether it was specific to this language community. As acknowledged by the authors, the bilinguals in this study were of a lower SES than the 190 monolinguals, which could have driven differences in the amount of IDS that infants heard. 191 On the other hand, it might be the case that bilingual infants more rapidly lose their 192 preference for the IDS register than do monolinguals, and that caregivers of bilinguals 193 respond to this by reducing the amount of IDS input they provide. 194

Bilingual infants might also hear IDS that differs prosodically and phonetically from

that heard by monolingual infants. Bilingual infants often have bilingual caregivers, and 196 even when they are highly proficient speakers, their speech may vary from that of 197 monolinguals. One study compared vowels produced in the IDS of monolingual English, 198 monolingual French, and balanced French-English bilingual mothers living in Montreal 199 (Danielson, Seidl, Onishi, Alamian, & Cristia, 2014). Bilingual mothers' vowels were distinct 200 in the two languages, and the magnitude of the difference between French and English 201 vowels was similar to that shown by monolingual mothers. However, another study showed 202 that in a word-learning task, 17-month-old French-English bilinguals learned new words 203 better from a bilingual speaker than a monolingual speaker, even though acoustic 204 measurements did not reveal what dimension infants were attending to (Fennell & 205 Byers-Heinlein, 2014; similar findings were found in Mattock, Polka, Ryachew, & Krehm, 206 2010). Finally, a study of Spanish-Catalan bilingual mothers living in Barcelona found that 207 some mothers were more variable in their productions of a difficult Catalan vowel contrast 208 than monolingual mothers (Bosch & Ramon-Casas, 2011). Thus, bilingual infants may not only differ in the amount of IDS they hear in a particular language relative to monolingual 210 infants, but different populations of bilingual infants may also vary in how similar the IDS 211 they hear is to monolingual-produced IDS in the same languages. This could, in turn, lead to greater variability across bilinguals in their preference for IDS over ADS when tested with 213 any particular stimulus materials. 214

Regardless of bilingual infants' specific experience with IDS, evidence suggests that
bilinguals might enjoy the same learning benefits from IDS as monolinguals. For example,
Ramírez-Esparza et al. (2017) found that greater exposure to IDS predicted larger
vocabulary size in both monolingual and bilingual infants. Indeed, an untested possibility is
that exposure to IDS might be of particular benefit to bilingual infants. Bilinguals face a
more complex learning situation than monolinguals, as they acquire two sets of sounds,
words, and grammars simultaneously (Werker & Byers-Heinlein, 2008). This raises the
possibility that bilingual infants might have enhanced interest in IDS relative to

monolinguals, or that they might maintain a preference for IDS until a later age than
monolinguals, similiar to the extended sensitivity observed in bilingual infants' perception of
non-native phonetic contrasts.

Replicability in research with bilingual infants

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Working with bilingual infant populations engenders unique replicability issues above 227 and beyond those common in the wider field of infant research (e.g., between-lab variability, 228 methodological variation, etc.; see Frank et al., 2017). These issues begin with the nature of 229 the population. Our discussion of bilingual infants thus far has used "bilingual" as a blanket 230 term to describe infants growing up hearing two or more languages. However, this usage 231 belies the large variability in groups of infants described as "bilingual". First, some studies of 232 bilinguals have included infants from a homogeneous language background (where all infants 233 are exposed to the same language pair; e.g. English-Spanish in Ramírez-Esparza et al., 2017), 234 while others have included infants from heterogeneous language backgrounds (where infants 235 are exposed to different language pairs, e.g., English-Other, where "Other" might be Spanish, 236 French, Mandarin, Punjabi, etc.; e.g., Fennell, Byers-Heinlein, & Werker, 2007). Second, 237 some bilinguals learn two typologically closely related languages (e.g. Spanish-Catalan) while 238 others learn two distant languages (e.g. English-Mandarin). Third, there is wide variability 239 between bilingual infants in the amount of exposure to each language, which introduces an 240 extra dimension of individual difference relative to studies with monolingual infants. Fourth, studies define bilingualism in different ways, ranging from a liberal criterion of at least 10% exposure to the non-dominant language to at least 40% exposure to the non-dominant 243 language (Byers-Heinlein, 2015). Finally, bilingual and monolingual populations can be difficult to compare because of cultural, sociological, and socio-economic status differences 245 that exist between samples. 246

All of the above difficulties have resulted in very few findings being replicated across

different samples of bilinguals. The limited research that has compared different types of bilingual learners has indicated that the particular language pair being learned by bilingual 240 infants influences speech perception of both native (Bialystok, Luk, & Kwan, 2005; Sundara 250 & Scutellaro, 2011) and non-native (Patihis, Oh, & Mogilner, 2015) sounds. In contrast, 251 other studies have not found differences between bilinguals learning different language pairs, 252 for example in their ability to apply speech perception skills to a word learning task (Fennell 253 et al., 2007). Generally, we do not know how replicable most findings are across different 254 groups of bilinguals, or how previously reported effects of bilingualism on learning and 255 perception are impacted by the theoretically interesting moderators discussed above. 256

Research on bilingual infants also faces many of the same general concerns shared with 257 other fields of infancy research, such as challenges recruiting sufficient participants to 258 conduct well-powered studies (Frank et al., 2017). Finding an appropriate bilingual sample 259 further limits the availability of research participants, even in locations with significant 260 bilingual populations. Such issues are particularly relevant given the recent emphasis on the 261 replicability and best practices in psychological science (Klein et al., 2014; Open Science Collaboration, 2015; Simmons, Nelson, & Simonsohn, 2011). Of particular interest is whether bilingual infants as a group show greater variability in their responses than 264 monolingual infants, and how to characterize the variability of responses between the different types of samples of bilinguals that can be recruited by particular labs (i.e., 266 homogeneous vs. heterogeneous samples). Understanding whether variability differs 267 systematically across groups is vital for planning appropriately-powered studies. 268

Description of the current study

Here, we report a large-scale, multi-site, pre-registered study aimed at using data from bilingual infants to understand variability in infants' preference for IDS over ADS. This study, "ManyBabies 1 Bilingual", is a companion project to the "ManyBabies 1" project, published in a previous issue of this journal (ManyBabies Consortium, in press). The two studies were conducted in parallel, using the same stimuli and experimental procedure. However, while ManyBabies 1 analyzed all data collected from monolingual infants (including those data from monolinguals reported here), the current study reports additional data from bilingual infants not reported in that paper. Our multi-site approach gives us precision in estimating the overall effect size of bilingual infants' preference for IDS, while also allowing us to investigate how different types of language experience moderate this effect.

Our primary approach was to compare bilinguals' performance to the performance of 280 monolinguals tested in the same lab, that is, a subset of the data reported in the 281 ManyBabies 1 paper. This approach has two notable advantages. First, within each lab, 282 bilinguals shared one of their two languages with monolinguals (the language of the wider 283 community). Second, testing procedures were held constant within each lab. Thus, this 284 approach allowed us to minimize procedural confounds with infants' bilingual status. 285 However, a disadvantage of this approach is that it leaves out data from monolingual infants 286 tested in other labs, which could potentially add precision to the measured effects. Thus, we performed secondary analyses comparing all bilinguals to all monolinguals within the same age bins, regardless of the labs each had been tested in. 289

Another important difference is in the age groups tested. The ManyBabies 1 study
tested monolinguals in four equal age windows: 3–6 months, 6–9 months, 9–12 months, and
12–15 months. Due to limitations in the numbers of bilingual infants that could be recruited,
we tested bilinguals in only two of these age windows: 6–9 months, and 12–15 months. The
specific age bins selected were based on a preliminary survey of availability of the age ranges
from participating laboratories. The choice of non-adjacent age bins also increased the
chances of observing developmental differences.

All infants were tested using the same stimuli, which consisted of recordings of
North-American English (NAE) accented IDS and ADS. Because of the international nature

of this multi-site project, these stimuli were native for some infants but non-native for other infants, both in terms of the language of the stimuli (English), and the variety of infant-directed speech (NAE-IDS is particularly exaggerated in its IDS characteristics relative to other varieties of IDS; see Soderstrom, 2007 for a review). Moreover, the stimuli were produced by monolingual mothers. Thus, infants' exposure to the type of stimuli used varied from low (monolinguals and bilinguals not exposed to NAE), to moderate (bilinguals learning NAE as one of their two languages), to high (monolinguals learning NAE).

Infants were tested in one of three experimental setups regularly used to test infant 306 auditory preference: central fixation, eye-tracking, and headturn preference procedure. The 307 use of a particular setup was the choice of each lab, depending on their equipment and 308 expertise. Labs that tested both monolinguals and bilinguals used the same setup for both 300 groups. On all setups, infants heard a series of trials presenting either IDS or ADS, and their 310 looking time to an unrelated visual stimulus (e.g., a checkerboard) was used as an index of 311 their attention. In central fixation, infants sat in front of a single screen that displayed a 312 visual stimulus, and their looking was coded via button press using a centrally positioned 313 camera while the auditory stimulus played. Eye-tracking was similar, except that infants' looking was coded automatically using a corneal-reflection eye-tracker. In the headturn 315 preference procedure setup (HPP; see Kemler Nelson et al., 1995), infants sat in the middle of a room facing a central visual stimulus. Their attention was drawn to the left or right side of the room by a visual stimulus while the auditory stimulus played, and the duration of 318 their looking was measured via button press using a centrally positioned camera. 319

Research questions

We identified three basic research questions addressed by this study. Note that it was not always possible to make specific predictions given the very limited data on infants' cross-language preferences for IDS over ADS, and particularly the absence of data from bilingual infants. We also note that the ManyBabies 1 project, focusing on monolingual infants, addresses other more general questions such as the average magnitude of the IDS preference, changes in preference over age, and the effects of methodological variation (ManyBabies Consortium, in press). The main questions addressed by data from bilingual infants are:

- 1. How does bilingualism affect infants' interest in IDS relative to ADS? As described above, monolingual infants display an early preference for IDS that grows in strength at least through the first year of life. We anticipated that the bilingual experience might result in a different pattern of IDS preference; however, the direction and potential source of any difference is difficult to predict. For example, the more challenging nature of early bilingual environments might induce an even greater preference for IDS over ADS relative to monolinguals. This enhanced preference could be shown across development, or might be observed only at certain ages. On the other hand, given some evidence that parents of bilingual infants produce relatively less IDS than parents of monolingual infants, it may be that bilinguals show less interest in IDS than monolinguals. We also explored the following questions as potential sources for an emerging difference between populations: If an overall difference between monolingual and bilingual infants' preference for IDS is observed, can this be accounted for by systematic differences in socioeconomic status? Do bilinguals show greater variability in their preference for IDS than monolinguals?
- 2. How does the amount of exposure to NAE-IDS affect bilingual infants' listening preferences? While we expected infants across different language backgrounds to show greater interest in IDS over ADS, we investigated whether this was moderated by the amount of exposure to NAE. For monolinguals, this exposure would be either 100% (monolingual learners of NAE) or 0% (monolingual learners of other languages). For bilinguals, some infants would have 0% exposure to NAE-IDS (e.g., bilingual infants

learning Spanish and Catalan) while others would have a range of different exposures (e.g., bilingual infants learning NAE and French). This allowed us to at least partially disentangle dose effects of exposure to NAE-IDS from infants' bilingualism. An additional possibility is that infants' exposure to NAE would predict overall attention to both infant-directed and adult-directed NAE, with no differential effects on interest to IDS versus ADS. Finally, it is possible that NAE-IDS is equally engaging to infants regardless of their experience with North American English.

3. Finally, we had planned to ask how bilingual infants' listening to NAE-IDS and ADS impacted by the particular language pair being learned. We intended to ask this question at both the group and at the individual level. At the group level, we planned to investigate whether different patterns of results would be seen in homogeneous versus heterogeneous samples of bilinguals, in terms of overall preference for IDS and group-level variability. However, ultimately we had insufficient homogeneous samples to address this question. At the individual level, we were interested in how the particular language pair being learned modulated infants' preference for IDS. As we did not know a priori what language pairs would have sufficient sample size for analysis, this was considered a potential exploratory analyses. Ultimately, due to the nature of our main results and the diverse language backgrounds of our final sample, we decided to leave this question open for future investigations.

369 Methods

Our methods largely followed those used by the ManyBabies 1 monolingual companion project (ManyBabies Consortium, in press), with the exception of the nature of the bilingual participants tested. In this section, we will provide only a brief overview of the methods shared by the two studies, focusing specifically on areas where the two studies differ. We report how we determined our sample size, all data exclusions, all manipulations, and all measures in the study.

Participation Details

Time-frame. An open call for labs to participate was issued on February 2, 2017.

Participant testing began on May 1, 2017. Testing for monolinguals ended on April 30, 2018.

Because of the additional difficulty of recruiting bilingual samples, the end-date for collection of these data was extended by four months to August 31, 2018. Due to a miscommunication, one lab continued testing data beyond this deadline but prior to data analysis, and these data were included in the final sample.

Age distribution. Labs contributing data from bilingual infants were asked to test participants in at least one of two (but preferably both) age bins: 6-9 month-olds (6:1-9:0) and 12-15 month-olds (12:1-15:0). Labs were asked to aim for a mean age at the centre of the bin, with distribution across the entire age window.

Lab participation criterion. Considering the challenges associated with 387 recruiting bilingual infants and the importance of counterbalancing in our experimental 388 design, we asked labs to contribute a minimum of 16 infants per age and language group 389 (note that infants who met inclusion criteria for age and language exposure but were 390 ultimately excluded for other reasons counted towards this minimum N). We also expected 391 that requiring a relatively low minimum number of infants would encourage more labs to 392 contribute a bilingual sample, and under our statistical approach a larger number of groups is more important than a larger number of individuals (Maas & Hox, 2005). However, labs were encouraged to contribute additional data provided that decisions about when to stop data collection were made ahead of time (e.g., by declaring an intended start and end date before data collection). A sensitivity analysis showed that, with a sample of 16 infants and 397 assuming the average effect size of similar previous studies (Cohen's d = .7; Dunst et al., 398

2012; MetaLab, 2017), individual labs would have 74% power to detect a preference for IDS
in a paired-samples t-test (alpha = .05, one-tailed). We note that some labs were unable to
recruit their planned minimum sample of 16 bilingual infants that met our inclusion criteria
in the timeframe available, a point we will return to later in the paper.

Labs were asked to screen infants ahead of time for inclusion criteria, typically by
briefly asking about language exposure over the phone. Despite this screening process, some
infants who arrived in the lab for testing fell between the criteria for monolingual and
bilingual status based on the comprehensive questionnaire. In such cases, the decision
whether to test the infant was left up to individual laboratories' policy, but we asked that
data from any babies who entered the testing room be submitted for data processing (even
though some such data might be excluded from the main analyses).

Ethics. Each lab followed the ethical guidelines and ethics review board protocols of
their own institution. Labs submitted anonymized data for central analysis that identified
participants by code only. Video recordings of individual participants were coded and stored
locally at each lab, and where possible were uploaded to a central controlled-access databank
accessible to other researchers.

415 Participants

Defining bilingualism. Infants are typically categorized as bilingual as a function
of their parent-reported relative exposure to their languages. However, studies vary
considerably in terms of inclusion criteria for the minimum exposure to the non-dominant
language, which in previous studies has ranged from 10% to 40% of infants' exposure
(Byers-Heinlein, 2015). Some bilingual infants may also have some exposure to a third or
fourth additional languages. Finally, infants can vary in terms of when the onset of exposure
to their additional languages is, which can be as early as birth or anytime thereafter. We

aimed to take a middle-of-the-road approach to defining bilingualism, attempting to balance a need for experimental power with interpretable data.

Thus, we asked each participating lab to recruit a group of simultaneous bilingual 425 infants who were exposed to two languages between 25% and 75% of the time, with regular exposure to both languages beginning within the first month of life. There was no restriction as to whether infants were exposed to additional languages, thus some infants could be 428 considered multilingual (although we continue to use the term bilingual throughout this 429 manuscript). These criteria would include, for example, an infant with 40% English, 40% 430 French, and 20% Spanish exposure, but would exclude an infant with 20% English, 70% 431 French, and 10% Spanish exposure. We also asked labs to recruit a sample of bilingual 432 infants who shared at least one language – the community language being learned by 433 monolinguals tested in the same lab. For labs in bilingual communities (e.g., Barcelona, 434 Ottawa, Montréal, Singapore), labs were free to decide which community language to select 435 as the shared language. Within this constraint, most labs opted to test heterogeneous groups 436 of bilinguals, for example, English-Other bilinguals where English was the community 437 language the other language might be French, Spanish, Mandarin, etc. Only one lab tested a 438 homogeneous group of bilinguals (in this case, all infants were learning English and 439 Mandarin), although we had expected that more labs would test homogeneous samples, 440 given both heterogeneous and homogeneous samples are used regularly in research with 441 bilingual infants. Because only one homogeneous sample was tested, we were not able to 442 conduct planned analyses examining whether the type of sample on our results. Infants that were tested but that did not meet inclusion criteria into the group (for example because they did not hear enough of their non-dominant language, or were not hearing the community language) were excluded from the main analyses, but retained for exploratory analyses where appropriate.

Assessing bilingualism. Each lab was asked to use a detailed day-in-the-life 448 parental interview questionnaire to quantify the percent of time that infants were exposed to 449 each language. This approach has been shown to predict bilingual children's language 450 outcomes better than a one-off parental estimate (DeAnda, Bosch, Poulin-Dubois, Zesiger, & 451 Friend, 2016). Moreover, recent findings based on day-long recording gathered using LENA 452 technology show that caregivers can reliably estimate their bilingual child's relative exposure 453 to each language (Orena et al., 2019). Labs were also asked to pay special attention to 454 whether infants had exposure to North American English, and if so which caregiver(s) this 455 input came from. As most of the labs contributing bilingual data had extensive expertise in 456 bilingual language background assessment, we encouraged each lab to use whatever version 457 of measurement instrument was normally used in their lab (details of the assessment 458 instruments are outlined below, including source references for most measures). Where possible, labs conducted the interview in the parents' language of choice, and documented whether the parents' preferred language was able to be used.

While standardization of measurement tools is often desirable, we reasoned that 462 different questions and approaches might be best for eliciting information from parents in 463 different communities and from different cultures. Indeed, many labs reported that their own 464 instruments had undergone considerable refinement over the years as a function of their 465 experience working with the families in their communities. However, in order to maximize 466 the overall sample size and the diversity of bilingual groups tested, we encouraged 467 participation from laboratories without extensive experience testing bilingual infants. Labs 468 that did not have an established procedure were paired with more experienced labs working with similar communities to refine a language assessment procedure. Twelve of the labs 470 administered a structured interview-style questionnaire based on the one developed by Bosch and Sebastián-Gallés (1997, 2001; for examples of the measure see the online supplementary materials of Byers-Heinlein et al., 2019; DeAnda et al., 2016), and the remaining 5 labs 473 administered other questionnaires. We describe each of these approaches in detail below.

The Bosch and Sebastián-Gallés (1997, 2001) questionnaire is typically referred to in 475 the literature as the Language Exposure Questionnaire (LEQ; e.g., Byers-Heinlein, Fennell, 476 & Werker, 2013), or the Language Exposure Assessment Tool (LEAT; DeAnda et al., 2016). 477 Administration of these questionnaires takes the form of a parental interview, where a 478 trained experimenter systematically asks at least one of the infant's primary caregivers 479 detailed questions about the infant's language environment. The interviewer obtains an 480 exposure estimate for each person who is in regular contact with the infant, as defined by a 481 minimum contact of once a week. For each of those people, the caregiver gives an estimate of 482 how many hours per day they speak to the infant in each language for each of the days of 483 the week (e.g., weekdays and weekends may differ depending on work commitments). 484 Further, the caregiver is asked if the language input from each regular-contact person was 485 similar across the infant's life history. If not, such as in the case of a caregiver returning to work after parental leave, or an extended stay in another country, an estimate is derived for 487 each different period of the infant's lifespan. The interviewer also asks the caregiver about 488 the language background of each person with regular contact with the infant (as defined above), asking the languages they speak and whether they are native speakers of those 490 languages. The caregiver also gives an estimate of language exposure in the infant's daycare, if applicable. Finally, the caregiver gives a global estimate of their infant's percent exposure 492 to the two languages, which includes input from those people in regular contact with the 493 infant and other people with whom the infant has less regular contact (e.g., playgroups, 494 friends of caregivers, etc.). Importantly, this global estimate does not include input from 495 television or radio, as such sources have no known positive impact, and may even have a 496 negative impact on monolingual and bilingual language development in infancy (see Hudon, 497 Fennell, & Hoftyzer, 2013). The estimate of an infant's percent exposure to their languages 498 is derived from the average cumulative exposure based on the data from the primary 490 individuals in the infant's life. Some labs use the global estimate simply to confirm these 500 percentages. Other labs average the primary and global exposure to take into account all 501

language exposure, while still giving more weight to the primary individuals. Also, some labs
asked additional questions, for example about videoconferencing with relatives, whether
caregivers mix their languages when speaking to the infant, or caregivers' cultural
background. Finally, while the original form was pen-and-paper, there have been adaptations
which include using a form-fillable Excel sheet (DeAnda et al., 2016).

For the other language exposure measures used by 5 of the labs, we will simply highlight the differences from the LEQ/LEAT measure described above, as there is much 508 overlap between all the instruments used to measure infants' exposure to their languages. 509 Two labs used custom assessment measures designed within each lab. The major difference 510 from the LEQ for the first of these custom measures is that parents provide percentage 511 exposure estimates for each language from primary individuals in the infant's life, rather 512 than exposure estimates based on hours per day in each language. The other custom 513 measures, unlike the LEQ, specifies estimates of language exposure in settings where more 514 than one speaker is present by weighting each speaker's language contribution. A further two 515 labs used other child language exposure measures present in the literature: one used the 516 Multilingual Infant Language Questionnaire (MILQ; Liu & Kager, 2017b) and the other used 517 an assessment measure designed by Cattani et al. (2014). For the MILQ, one major 518 difference is that parents complete the assessment directly using an Excel sheet with clear 519 instructions. The other major difference is that the MILQ is much more detailed than the 520 LEQ/LEAT: breaking down language exposure to very specific activities (e.g., car time, book 521 reading, meal time); asking more detail about the people in regular contact with the infant 522 (e.g., accented speech, level of talkativeness); and obtaining estimates of media exposure (e.g., TV, music). The measure from Cattani et al. (2014) focuses on parental exposure and uses Likert scales to determine exposure from each parent. The ratings are converted to percentages and maternal exposure is weighted more in the final calculation based on data 526 showing that mothers are more verbal than fathers. Finally, one lab did not use a detailed 527 measure, but rather simply asked parents to give an estimate of the percentage exposure to 528

each of the languages their infant was hearing.

We asked labs that collected data from monolingual infants (a subset of the data included in the ManyBabies 1 monolingual study) to check participants' monolingual status by asking parents a single question: estimate the percent of time that their infant was exposed to their native language. If that estimate exceeded 90% exposure to a single language, the infant was considered monolingual.

Demographics. Each lab administered a questionnaire that gathered basic
demographic data about infants, including age, health history, gestation, etc. Infants'
socioeconomic status (SES) was measured via parental report of years of maternal education.
To standardize across different education systems where formal schooling may begin at
different ages, we counted the number of years of education after kindergarten. For example,
in the United States, mothers who had completed high school would be considered to have
12 years of education.

Final sample. Our final sample of bilinguals who met our infant-level inclusion 542 criteria included 333 infants tested in 17 labs; 148 were 6–9 months, and 185 were 12–15 543 months (full account of exclusions is detailed in the results section). These 17 labs also 544 collected data from monolingual infants (N = 385 who met infant-level inclusion criteria), of whom 182 were 6–9 months, and 203 were 12–15 months. While all analyses required that 546 data meet the infant-level inclusion criteria, some analyses further required that the data met the lab-level inclusion criteria (lab-level inclusion criteria are discussed in the Results section 548 where they were implemented for specific analyses). Data from monolingual infants in these age ranges were available from 59 additional labs (n = 583 6-9 month-olds; n = 468 12-15month-olds) who did not contribute bilingual data. Bilingual infants and their lab-matched 551 monolingual samples tested by each lab are detailed in Table 1. For further description of 552 our participants, please refer to the Appendix, where we list gender distributions across 553 subsamples (Table A1) and the language pairs being learned by bilingual infants (Table A2). 554

- Additional information about the larger ManyBabies sample from which the monolingual
- data were sampled can be found in the ManyBabies 1 monolingual study (ManyBabies

analyses. Labs that only tested monolingual infants are not listed.

⁵⁵⁷ Consortium, in press) and the associated Open Science Framework project at osf.io/re95x.

Table 1

Number of monolingual and bilingual infants in each age group by lab which met infant-level inclusion criteria. Note that because of lab-level inclusion criteria, cells with n < 10 were excluded from the meta-analytic analyses, but were included in the mixed-effects regression

lab	method	6-9 mo	6-9 mo	12-15 mo	12-15 mo
		bilingual	monolingual	bilingual	monolingual
babylabbrookes	singlescreen	17	15	17	16
babylabkingswood	hpp	9	15	15	15
babylabparisdescartes1	hpp	10	0	1	16
babylabprinceton	hpp	15	1	0	0
bllumanitoba	hpp	7	26	8	16
cdcceu	eyetracking	0	0	14	13
infantcogubc	eyetracking	10	11	0	0
infantstudiesubc	hpp	15	20	0	0
irlconcordia	eyetracking	16	17	18	18
isplabmcgill	hpp	0	0	16	11
langlabucla	hpp	0	0	9	3
ldlottawa	singlescreen	7	17	18	11
lllliv	eyetracking	7	19	6	15
lscppsl	eyetracking	0	0	16	14
nus in fant language centre	eyetracking	26	10	12	10
weltentdeckerzurich	eyetracking	0	0	28	30
wsigoettingen	singlescreen	9	31	7	15

Materials

Visual stimuli. Labs using a central fixation or eye-tracking method presented infants with a brightly-coloured checkerboard as the main visual stimulus. A video of a laughing baby was used as an attention-getter between trials to reorient infants to the screen. Labs using the headturn preference procedure used the typical visual stimulus employed in their labs, which was sometimes light bulbs (consistent with the original development of the procedure in the 1980s) or sometimes colourful stimuli presented on LCD screens. All visual stimuli are available via the ManyBabies 1 monolingual Open Science Framework site at osf.io/re95x/.

Auditory stimuli. Auditory stimuli consisted of semi-naturalistic recordings of 567 mothers interacting with their infants (ranging in age from 122–250 days) in a laboratory 568 setting. Mothers were asked to talk about a set of objects with their infant, and also 560 separately with an experimenter. A set of 8 IDS and 8 ADS auditory stimuli of 20 s each 570 were created from these recordings. Details regarding the recording and selection process, 571 acoustic details and ratings from naive adult listeners can be found in the ManyBabies 1 572 monolingual study (ManyBabies Consortium, in press) and the associated Open Science 573 Framework project at osf.io/re95x. 574

575 Procedure

Basic Procedure. Each lab used one of three common infant study procedures,
according to their own expertise and the experimental setups available in the lab: central
fixation (3 labs), eye-tracking (7 labs), or headturn preference procedure (7 labs). The
testing procedure was identical to that used in the ManyBabies 1 monolingual project
(ManyBabies Consortium, in press, deviations from the protocol are also described there),
and only key aspects will be briefly summarized here.

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Infants sat on their parents' laps or in a high chair, and parents listened to masking 582 music over headphones throughout the study. Infants saw 2 training trials that presented an 583 unrelated auditory stimulus (piano music), followed by 16 test trials that presented either 584 IDS or ADS speech. Trials were presented in one of four pseudo-random orders that 585 counterbalanced the order of presentation of the two stimulus types. Note that within each 586 order, specific IDS and ADS clips were presented adjacently in yoked pairs to facilitate 587 analyses. On each trial, the auditory stimulus played until the infant looked away for 2 588 consecutive seconds (for labs that implemented an infant-controlled procedure) or until the 589 entire stimulus played, up to 19 seconds (for labs that implemented a fixed trial-length 590 procedure). The implementation of the procedure depended on the software that was 591 available in each lab. Trials with less than 2 seconds of looking were excluded from analyses. 592 Attention-grabbing stimuli were played centrally between trials to reorient infants to the task.

The main differences between the setups were the type and position of visual stimuli presented, and the onset of the auditory stimuli. For central fixation and eye-tracking procedures, infants saw a checkerboard on a central monitor, whose presentation coincided with the onset of the auditory stimuli on each trial. For the headturn preference procedure, the visual stimulus (either flashing light bulbs or a colourful stimulus) played silently on a monitor/bulb in the centre of the room and on one of two side monitors/bulbs, and the auditory stimulus began playing when the infant turned their head towards the side stimulus. 600

The dependent variable was infant looking time during each trial. For eye-tracking setups, looking time was measured automatically via corneal reflection. For central fixation and headturn preference procedure setups, looking time was measured by trained human coders who were blind to trial type, according to the lab's standard procedures.

Parents completed questionnaires about participants' demographic and language 605 background either prior to or after the main experiment.

Results 607

Analysis overview

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Data exclusion. Labs were asked to submit all data collected as part of the 609 bilingual study to the analysis team, and this section focuses on exclusions for infants collected as part of the bilingual sample. The initial dataset contained 501 bilingual infants, 611 of which 333 met each of the following inclusion criteria. These criteria are detailed below. We note that exclusions were applied sequentially (i.e., percentages reflect exclusions among 613 remaining sample after previous criteria were applied). 614

- Aqe. We included infants in two age groups: 6-9 and 12-15 month-olds. There were 59 615 (11.78%) bilingual infants who were tested in the paradigm, but who fell outside our 616 target ages.
- Bilingualism. We excluded infants from the bilingual sample whose language 618 background did not meet our pre-defined criteria for bilingualism (see above for 619 detials). There were 74 (16.74%) infants whose exposure did not meet this criterion. 620 We also excluded an additional 7 (1.90%) infants who met this criterion, but who were 621 not learning the community language as one of their languages. 622
 - Full-term. We defined full term as gestation times greater than or equal to 37 weeks. There were 4 (1.11%) bilingual infants who were tested but did not meet this criterion.
- No diagnosed developmental disorders. We excluded infants whose parents reported 625 developmental disorders (e.g., chromosomal abnormalities, etc.) or were diagnosed with 626 hearing impairments. There were 2 (0.56%) infants who were tested but did not meet 627 this criterion. Due to concerns about the accuracy of parent reports, we did not plan 628 exclusions based on self-reported ear infections unless parents reported 629 medically-confirmed hearing loss. 630

- Session-level errors. Participants were also excluded on the basis of session-level errors, including 2 infants for equipment error, 1 infants for experimenter error and 3 infants for outside interference.
- Adequate trials for analysis. We excluded any infant who did not have at least one

 IDS-ADS trial pair available for analysis: 5 (1.45%) infants were tested but did not

 meet these criteria. For infants with at least one good trial pair, we additionally

 excluded any trial with less than 2 s of looking (n = 876; 16.92%), which was set as a

 trial-level minimum so that infants had heard enough of the stimulus to discriminate

 IDS from ADS. As infants did not have to complete the entire experiment to be

 included, this meant that different infants contributed different numbers of trials.

Data analysis framework. All planned analyses were pre-registered at 641 https://osf.io/zauhg/; data and code are available at 642 https://github.com/manybabies/mb1b-analysis-public. Our primary dependent variable of 643 interest was looking time (LT), which was defined as the time spent fixating on the visual stimulus during test trials. Given evidence that looking times are non-normally distributed, 645 we log-transformed all looking times prior to statistical analysis (Csibra, Hernik, Mascaro, Tatone, & Lengyel, 2016). We refer to this transformed variable as "log LT". We pre-registered a set of analyses to examine whether monolinguals, heterogeneous samples of bilinguals, and homogeneous samples of bilinguals showed different levels of variability. Unexpectedly, only 1 lab (Table 1) tested a homogenous sample of bilinguals, thus we deviated from our original plan and did not analyze data as a function of whether our 651 bilingual groups were homogenous versus heterogeneous. For the main analyses, we adopted 652 two complementary data analytic frameworks parallel to the ManyBabies 1 monolingual 653 project (ManyBabies Consortium, in press): meta-analysis and mixed-effects regression. 654

Under the meta-analytic framework, data from each sample of infants (e.g., 6 to 9 month-old bilinguals from Lab 1) was characterized by a) its effect size (here Cohen's d), and

b) its standard deviation. Effect size analyses addressed questions about infants' overall 657 preference for IDS, while group-based standard deviation analyses addressed questions about 658 whether some groups of infants show higher variability in their preference than others. Note 659 that meta-analyses of intra-group variability are relatively rare (Nakagawa et al., 2015; 660 Senior, Gosby, Lu, Simpson, & Raubenheimer, 2016). For the meta-analysis only, we 661 implemented a lab-level inclusion criterion, such that each effect size was computed only if 662 the lab had contributed at least 10 infants in that particular language group and age. For 663 example, if lab A had contributed 7 bilingual infants between 6- to 9-months and 15 monolingual infants between 6- to 9-months, we only computed effect size for the 665 monolingual group, but not for the bilingual group. This criterion ensured that each effect 666 size was computed based on a reasonable sample size (i.e., a minimum of 10 infants) and also 667 was consistent with the lab-level inclusion criteria in the ManyBabies 1 monolingual study.

An advantage of the meta-analytic approach is that it is easy to visualize lab-to-lab 669 differences. Further, the meta-analytic framework most closely mirrors the current approach 670 for studying monolingual-bilingual differences, which typically compares groups of 671 monolingual and bilingual infants tested within the same lab. We used this approach 672 specifically to test the overall effect of bilingualism and its possible interactions with age on 673 the magnitude of infants' preference for IDS over ADS. We also compared standard 674 deviations for the bilingual group and monolingual group in a meta-analytic approach. This 675 analysis closely followed Nakagawa et al. (2015). 676

Under the mixed-effects regression model, trial-by-trial data from each infant were submitted for analysis. Further, independent variables of interest could be specified on an infant-by-infant basis. This approach had the advantage of potentially increasing statistical power, as data are analyzed at a more fine-grained level of detail. As with the meta-analytic approach, this analysis tested the effects of bilingualism and their potential interactions with age. We also investigated whether links between bilingualism and IDS preference were mediated by socio-economic status. Additionally, this approach allowed us to assess how the
amount of exposure to NAE-IDS, measured as a continuous percentage, affected infants'
listening preferences. Note that unlike for the meta-analysis, we did not apply a lab-level
inclusion criterion in order to maximize our sample size. Thus, data from all infants who met
the infant-level criteria were included in this analysis, resulting in slightly different sample
sizes under the meta-analytic and mixed-effects approaches.

Under both frameworks, we used a dual analysis strategy to investigate how infants'
IDS preference is related to bilingualism. First, we examined the matched subset of data
from labs that contributed a monolingual and bilingual sample at a particular age. Second,
we examined the complete set of data including data from labs that contributed both
monolinguals and bilinguals, as well as additional data from labs that only collected
monoinguals at the ages of interest as part of the larger ManyBabies 1 project.

5 Confirmatory analysis section

Meta-analytic approach. This approach focused on the analysis of group-level
datasets. We defined a dataset as a group of at least 10 infants tested in the same lab, of the
same age (either 6-9 or 12-15 months), and with the same language background
(monolingual or bilingual). For analyses of within-group variability, we compared bilingual
infants to monolingual infants.

To estimate an effect size for each dataset, we first computed individual infants'
preference for IDS over ADS by 1) subtracting looking time to the ADS stimulus from
looking time to the IDS stimulus within each yoked trial pair, and 2) computing a mean
difference score for each infant. Pairs that had a trial with missing data were excluded
(42.93% pairs in matched dataset, 40.34% pairs in full dataset), which constituted a total of
30.77% of trials in matched dataset, 31.02% of trials in full dataset. Note that we expected

many infants to have missing data particularly on later test trials, given the length of the study (16 test trials). Then, for each dataset (i.e., combination of lab, infant age group, and whether the group of participants was bilingual or monolingual), we calculated the mean of these difference scores (M_d) and its associated standard deviation across participants (sd). Finally, we used the derived M_d and sd to compute a within-subject Cohen's d using the formula $d_z = M_d/sd$.

In the following meta-analyses, random effects meta-analysis models with a restricted 713 maximum-likelihood estimator (REML) were fit with the metafor package (Viechtbauer, 714 2010). To account for the dependence between monolingual and bilingual datasets stemming 715 from the same lab, we added laboratory as a random factor. As part of our pre-registered analyses, we planned to include method as a moderator in this analysis if it was found to be a statistically significant moderator in the larger ManyBabies 1 monolingual project - which 718 it was (ManyBabies Consortium, in press). However, because only 17 labs contributed 719 bilingual data, we deviated from this plan because of the small number of labs per method 720 (e.g., only three labs used a single-screen method). 721

$Effect\ size\mbox{-}based\ meta\mbox{-}analysis..$

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Our first set of meta-analyses focused on effect sizes (d_z) : how our variables of interest contributed to effect size comparing looking time to IDS versus ADS trials. As a reminder, we ran the analyses in two ways: (i) the analysis was only restricted to the labs that contributed matched data (matched dataset), and (ii) the analysis included all available data labs that tested only monolinguals or only bilinguals at the ages of interest (full dataset).

We initially fit the following model to examine contributions of age and bilingualism to infants' IDS preference, as well as potential interactions between these variables:

$$d_z \sim 1 + \text{bilingual} + \text{age} + \text{bilingual} * \text{age}$$

Bilingualism was dummy coded (0 = monolingual, 1 = bilingual), and age was coded as the average age for each lab's contributed sample for each language group (centered for ease of interpretation).

In the matched dataset, we did not find any statistically significant effects of age (d_z = 0.17, CI = [-1.01 - 1.36], z = 0.29, p = .775), bilingualism (d_z = -0.17, CI = [-0.44 - 0.10], z = -1.22, p = .224), or interactions between age and bilingualism (d_z = -0.19, CI = [-1.84 - 1.46], z = -0.22, p = .822).

Similarly, in the full dataset, we did not find any significant main effects of age, $(d_z = 0.01, \text{CI} = [-0.65 - 0.67], \text{z} = 0.02, p = .982)$, bilingualism $(d_z = -0.10, \text{CI} = [-0.29 - 0.09], \text{z} = -1.04, p = .299)$, nor a significant interaction between age and bilingualism $(d_z = 0.01, \text{CI} = [-0.93 - 0.95], \text{z} = 0.02, p = .981)$.

As bilingualism is the key moderator of research interest in the current paper, here we 741 report the effect sizes of monolingual and bilingual infants separately. In the matched 742 dataset, the effect size for monolinguals was $d_z = 0.42$ (CI = [0.21 - 0.63], z = 3.94, 743 p = < .001), while for bilinguals the effect was $d_z = 0.24$ (CI = [0.06 - 0.42], z = 2.64, p = .008). In the full dataset, the effect size for monolinguals was $d_z = 0.36$ (CI = [0.28 -745 0.44], z = 9.20, p = < .001), while for bilinguals the effect was $d_z = 0.26$ (CI = [0.09 - 0.43], z 746 = 2.97, p = .003). In sum, numerically monolinguals showed a stronger preference for IDS 747 than bilinguals, but this tendency was not statistically significant in the effect size-based 748 meta-analyses. A forest plot for this meta-analysis is shown in Figure 1. 740

$Within-group\ variability\ meta-analysis.$

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Our second set of pre-registered meta-analyses examined whether the variability in infants' preference for IDS within a sample (within-study variability) was related to language background (monolingual vs. bilingual). Note that this question of within-sample heterogeneity is different than questions of between-sample heterogeneity that can also be

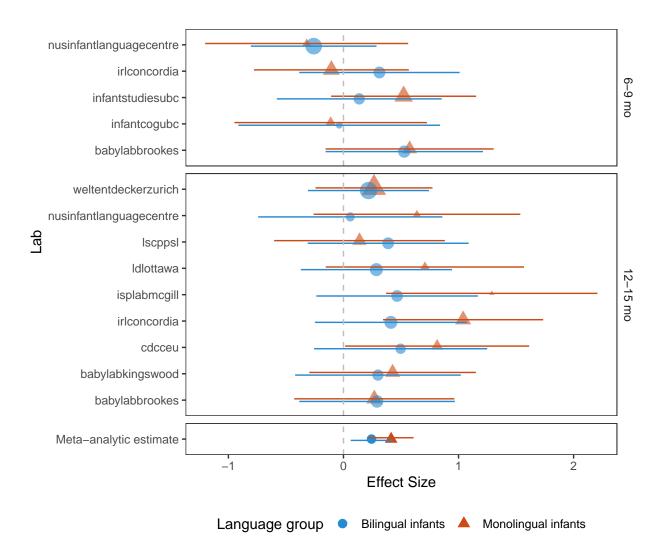


Figure 1. Forest plot for the matched dataset. Standardized effect sizes are shown for each lab, with error bars showing 95% confidence intervals. Each lab reported two effect sizes: one for monolingual group and the other one for bilingual group. Points are scaled by inverse variance and colored by language groups (blue circle denotes bilinguals and red triangle denotes monolinguals). For the age group panels, the point and its associated interval represent the meta-analytic estimate and the 95% confidence interval in each language group. The points in bottom panel show the global meta-analytic estimate.

addressed in meta-analysis (see Higgins & Thompson, 2002; Higgins, Thompson, Deeks, & 755 Altman, 2003 for approaches to between-group variability in meta-analysis). Specifically, the 756 within-group variability meta-analysis approach provides additional insights of how two 757 groups differ in terms of their variances, not merely their mean effect sizes. This approach is 758 useful when the language backgrounds of the infants influence not only the magnitude of 750 infants' IDS preference, but also the variability of infants' IDS preference. In the following, 760 the standard deviations measure looking time variability of infants' preference for IDS over 761 ADS in each language group (either monolingual or bilingual). Again, we report d_z , an effect 762 size that measures the magnitude of infants' preference for IDS over ADS. 763

According to Nakagawa et al. (2015), there are two approaches to run within-group 764 variability meta-analysis: one approach uses lnCVR, the natural logarithm of the ratio between the coefficients of variation, to compare the variability of two groups; a second approach enters lnSD (the natural logarithm of standard deviations) and $ln\bar{X}$ (the log 767 mean) into a mixed-effect model. The mixed-effect model can be used when the assumption 768 that the standard deviation is proportional to the mean, necessary for the lnCVR approach, 769 is not met. We found that the standard deviations and effect sizes were not significantly 770 correlated. Therefore, we chose the second, mixed-effect model approach. In the following 771 meta-regression model, the natural logarithm of the standard deviations (lnSD) from each 772 language group is the dependent variable. This dependent variable (group variance) is the 773 log-transformed standard deviation of infants' preference for IDS over ADS that correspond 774 to infants' language group (either monolingual/bilingual). 775

$$lnSD \sim 1 + bilingual + ln(d_z') + (bilingual|lab)$$

where d'_z is the absolute value of d_z because we needed to ensure that values entered into the logarithm were positive, bilingual is the binary dummy variable that indicates bilingualism whether the language group is monolingual or bilingual. Further, bilingualism was entered as

a random slope in the model.

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In the matched dataset, we did not find statistically significant evidence for bilingualism as a moderator of the differences in standard deviations across language groups, $(d_z = -0.08, p = .235)$. Similarly, we also did not find statistical significance for bilingualism in the full dataset, $(d_z = 0.03, p = .660)$. In short, we did not find support for the hypothesis that bilingual infants would show larger within-group variability than monolingual infants.

Mixed-effects regression allows variables of interest to be Mixed-effects approach. 785 specified on a trial-by-trial and infant-by-infant basis. We had anticipated that we would be 786 able to include additional data from labs that aimed to test homogeneous samples (i.e., 787 because we could include infants from these labs who were not learning this homogeneous 788 language pair), but in practice this did not apply as only one lab contributed a homogeneous 789 data set, and that lab did not test additional infants. We were also able to include data from 790 all valid trials, rather than excluding data from yoked pairs with a missing data point. As 791 under the meta-analytic approach, we ran the models twice, once including only data from 792 labs that contributed matched samples of monolinguals and bilinguals, and once including all 793 available data from 6-9 and 12-15 month-olds.

The mixed-effects model was specified as follows:

$$DV \sim IV_1 + IV_2 + ... + (... | \text{subject}) + (... | \text{item}) + (... | \text{lab})$$

The goal of this framework was to examine effects of the independent variables (IV) on
the dependent variable (DV), while controlling for variation in both the DV ("random
intercepts") and the relationship of the IV to the DV ("random slopes") based on relevant
grouping units (subjects, items, and labs). Following recent recommendations (Barr, Levy,
Scheepers, & Tily, 2013), we planned to initially fit a maximal random effects structure, such
that all random effects appropriate for our design were included in the model. However, we

also recognized that such a large random effects structure might be overly complex given our 802 data, and would be unlikely to converge. After reviewer feedback during Stage 1 of the 803 Registered Report review process, we pre-registered a plan to use a "Parsimonious mixed 804 models" approach for pruning the random effects (Bates et al., 2015a; Matuschek, Kliegl, 805 Vasishth, Baayen, & Bates, 2017). However, we found that it was computationally difficult 806 to first fit complex models (i.e., our models had multiple interactions and cross-levels 807 grouping) under the maximal random effects structure and then prune the models using a 808 parsimonious mixed models approach. Further, we note that this was not the approach used 809 in MB1, which would make direct comparison between MB1 and the current study difficult. 810 As such, following MB1, we fitted and pruned¹ the following models using the maximal 811 random effects structure only (Barr et al., 2013). We fit all models using the lme4 package 812 (Bates et al., 2015b) and computed p values using the lmerTest package (Kuznetsova, 813 Brockhoff, & Christensen, 2016). Below is a description of our model variables: 814

- log_lt: Dependent variable. Log-transformed looking time in seconds.
- trial_type: A dummy coded variable with two levels, with ADS trials as the baseline,

 such that positive effects of trial type indicate longer looking to IDS.
- bilingual: A dummy coded variable with two levels, with monolingual as the baseline,
 such that positive effects of bilingualism reflect longer looking by bilinguals.
- language: A dummy coded variable for whether infants were learning North American
 English as a native language (i.e., >= 90% exposure to NAE for monolinguals, or >=
 25% exposure to NAE for bilinguals).
- exp_nae: A continuous variable for the percent of time infants heard North-American
 English.
- method: A dummy-coded variable to control for effects of different experimental setups, with single-screen central fixation as the reference level.
 - age_days: Centered for interpretability of main effects.

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¹Results reported in this paper were pruned by fitting mixed-effect models with 'lme4' version 1.1-21.

- trial number: The number of the trial pair, recoded such that the first trial pair is 0.
 - ses: The number of years of maternal education, centered for ease of interpretation.

Note that in this analysis plan, we have used a concise format for model specification,
which is the form used in R. As such, lower-order effects subsumed by interactions are
modeled even though they are not explicitly written. For example, the interaction trial_type
trial_num also assumes a global intercept, a main effect of trial type, and a main effect of
trial number.

Homogeneity of variance.

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We pre-registered a Levene's test to examine whether monolinguals and bilinguals
showed different amounts of variance in their IDS preference. However, we ultimately
omitted this test because the null results of our within-group variability meta-analysis did
not support a difference between monolingual and bilingual infants in the variance of their
IDS preference.

Effects of bilingualism on IDS preference.

We planned a mixed-effects model which was based on the structure of the final model 842 fit for the ManyBabies monolingual project, including bilingualism as an additional 843 moderator. Note that because data collection for both projects was simultaneous, we did not 844 know prior to registration what the final model structure for the monolingual-only sample 845 would be (it was expected that pruning of this model would be necessary in the case of 846 non-convergence). The original model proposed for the monolingual-only sample was designed to include simple effects of trial type, method, language (infants exposed vs. not exposed to NAE-IDS), age, and trial number, capturing the basic effects of each parameter on looking time (e.g., longer looking times for IDS, shorter looking times on later trials). 850 Additionally, the model included two-way interactions of trial type with method and with 851 trial number, a two-way interaction of age with trial number, as well as two- and three-way 852

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interactions between trial type, age, and language (see ManyBabies Consortium, in press, for full justification). This model was specified to minimize higher-order interactions while preserving theoretically-important interactions. Note that to reduce model complexity, both developmental effects and trial effects are treated linearly. The planned model for ManyBabies monolingual was:

It was expected that pruning would be necessary in the case of non-convergence.

Our analysis plan specified that we would add bilingualism to the fixed effects of the final pruned model that fitted to the monolingual sample. For higher-order interactions in the model, we ensured that we had at least 20 infants per group. For example, for a three-way interaction between bilingualism, language and age, we included at least 20 infants per group: at least 20 infants in the group of 6-9 month-old bilinguals who were not exposed to NAE. We applied the same rules to all other groups.

In our preregistration, we were uncertain as to whether our sample size would support a model with a four-way-interaction of trial type, age, bilingual status, and language. Given our final sample size, we elected to fit our main model without including the four-way interaction effect². In our main model, we included two fixed three-way interactions: (i) the $\frac{1}{2}$ We did not enter the above-mentioned four-way interaction into our main model, but note that in the more complex model, the four-way interaction was not statistically significant in the matched dataset ($\beta = 0.00$, SE = 0.02, p = 0.85) or the full dataset ($\beta = 0.01$, SE = 0.01, p = 0.63).

interaction between bilingualism, age and trial type, and (ii) the interaction between language, age and trial type, as well as other subsumed lower-order interactions.

Regardless of our fixed effect structure, the model included the random slope of bilingualism on lab and item, as well as appropriate interactions with other random factors. Our initial unpruned model was:

After pruning random effects for non-convergence and singularity, the final models for the matched dataset and full dataset were different. The following was the final model of the matched dataset:

In contrast, the final model of the full dataset was:

log lt
$$\sim$$
trial type * method + trial type * trial num + age * trial num + trial type * age * language + trial type * age * bilingual + (1 | subid) + (1 | lab) + (1 | item) (4)

Overall, the mixed-level analyses in both matched and full datasets yielded similar results (Table 2 and 3). More coefficients were statistically significant in the full dataset, likely due to the larger sample size. Thus, in the following, we focus on the results of the mixed-level model for the full dataset. We found that infants showed a preference for IDS, as indicated by a positive coefficient on the IDS predictor (reflecting greater looking times to IDS stimuli). We did not find any effects of the bilingualism on IDS preference nor any interaction effects between bilingualism and other moderators. This finding is consistent with the results of our meta-analysis above.

Surprisingly, the fitted model did not show an interaction between infants' IDS 886 preference and the method used in the lab, a result that is different from the results in the 887 MB1 project. However, this finding is likely due to smaller sample sizes in the current paper, 888 as we restricted the analysis to participants at particular ages. Apart from this, our findings 889 were largely consistent with the MB1 study. There was a significant and positive two-way 890 interaction between IDS and NAE, suggesting greater IDS preferences for children in NAE contexts. The interaction between IDS and age was also significant and positive, suggesting that older children showed a stronger IDS preference. Finally, we found a marginally significant three-way interaction between IDS, age, and NAE, suggesting that older children in NAE contexts tended to show stronger IDS preference than those in the non-NAE 895 contexts. 896

Table 2 $\label{linear Mixed Model 1 testing bilingualism effect on IDS in a} $$ matched dataset.$

	Estimate	SE	t	р
Intercept	1.930	0.074	26.000	0.000
IDS	0.093	0.047	2.000	0.050
HPP	0.103	0.092	1.110	0.283
Single Screen	0.113	0.103	1.090	0.288
Age	-0.027	0.008	-3.410	0.001
Trial #	-0.036	0.003	-13.900	0.000
NAE	-0.059	0.075	-0.792	0.435
Bilingual	0.000	0.034	0.008	0.994
IDS * HPP	0.016	0.029	0.566	0.571
IDS * Single Screen	0.004	0.031	0.124	0.901
Age * Trial #	0.001	0.000	2.270	0.023
IDS * Trial #	0.001	0.004	0.175	0.862
IDS * Age	0.013	0.006	2.180	0.029
IDS * NAE	0.051	0.026	1.950	0.052
Age * NAE	0.007	0.010	0.646	0.519
IDS * Bilingual	-0.012	0.024	-0.522	0.602
Age * Bilingual	-0.006	0.009	-0.671	0.503
IDS * Age * NAE	0.016	0.008	1.860	0.063
IDS * Age * Bilingual	-0.009	0.008	-1.210	0.227

Table 3 $\begin{tabular}{ll} Linear Mixed Model 1 testing bilingualism effect on IDS in a full dataset. \end{tabular}$

	Estimate	SE	t	р
Intercept	1.890	0.047	40.400	0.000
IDS	0.106	0.038	2.770	0.009
НРР	0.190	0.058	3.310	0.002
Single Screen	0.243	0.054	4.510	0.000
Age	-0.029	0.005	-5.680	0.000
Trial #	-0.037	0.002	-21.200	0.000
NAE	0.003	0.048	0.063	0.950
Bilingual	-0.006	0.025	-0.234	0.815
IDS * HPP	0.029	0.018	1.620	0.106
IDS * Single Screen	-0.020	0.019	-1.060	0.291
Age * Trial #	0.001	0.000	3.910	0.000
IDS * Trial #	-0.002	0.002	-0.961	0.337
IDS * Age	0.013	0.003	3.800	0.000
IDS * NAE	0.038	0.016	2.420	0.015
Age * NAE	0.002	0.007	0.244	0.807
IDS * Bilingual	0.003	0.019	0.142	0.887
Age * Bilingual	-0.003	0.008	-0.369	0.712
IDS * Age * NAE	0.009	0.005	1.960	0.051
IDS * Age * Bilingual	-0.007	0.006	-1.110	0.265

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Dose effects of exposure to NAE-IDS in bilingual infants.

In this analysis, we tested whether we could observe a dose-response relationship
between infants' exposure to NAE-IDS (measured continuously) and their preference for IDS
over ADS.

We decided to conduct this analysis only including data from bilinguals. Our reasoning 901 was that bilingualism status and exposure to NAE-IDS are confounded, as monolinguals' exposure to NAE will be either near 0\% or 100\%, while bilinguals' NAE experience can be 903 either 0\%, or 25-75\%. Because the monolingual sample is larger and their NAE exposures are more extreme, their effects would dominate that of the bilinguals in a merged analysis. 905 Therefore, we reasoned that if there is a dose effect, it should be observable in the bilingual 906 sample alone. Finally, although excluding monolingual infants reduced power overall, we 907 decided that given the relatively large sample of bilingual infants, this disadvantage would be 908 offset by the ease of interpretation afforded by restricting the analysis to bilinguals. 909

Once again, we based this model on the final pruned monolingual model, substituting
the binary measure of exposure to NAE-IDS (language) with the continuous measure of
exposure(exp_nae), and including a random slope for exp_nae by item (which was
ultimately pruned from the model). After pruning, our model was specified as follows:

Table 4 contains the details of the results in this model. The main effect of infants'

Table 4 ${\it Linear~Mixed~Model~testing~the~effects~of~exposure~to~NAE-IDS} {\it in~bilingual~infants}.$

	Estimate	SE	t	р
Intercept	1.910	0.074	25.900	0.000
IDS	-0.009	0.062	-0.138	0.891
HPP	0.088	0.091	0.963	0.354
Single Screen	0.168	0.111	1.510	0.160
Age	-0.024	0.010	-2.270	0.024
Trial #	-0.036	0.004	-10.100	0.000
EXP_NAE	-0.001	0.001	-0.565	0.575
IDS * HPP	0.054	0.053	1.020	0.331
IDS * Single Screen	0.028	0.060	0.465	0.654
Age * Trial #	0.000	0.001	0.300	0.764
IDS * Trial #	0.006	0.005	1.150	0.251
IDS * Age	0.006	0.008	0.781	0.435
IDS * EXP_NAE	0.002	0.001	2.860	0.011
Age * EXP_NAE	0.000	0.000	-0.200	0.842
IDS * Age * EXP_NAE	0.000	0.000	0.891	0.373

exposure to NAE (exp_nae) was not significant ($\beta =$, \$SE = \$, p =). This indicates that bilingual infants who were exposed to more NAE did not pay more attention to the NAE speech stimuli than those who were exposed to less NAE. However, the interaction between trial type and exp_nae was significant ($\beta =$, \$SE = \$, p =). That is, bilingual infants who were exposed to more NAE showed stronger IDS preferences, confirming a dose-response relationship between infants' exposure to NAE and their preference for IDS over ADS (Figure 2) even among bilinguals who are learning NAE as one of their native languages.

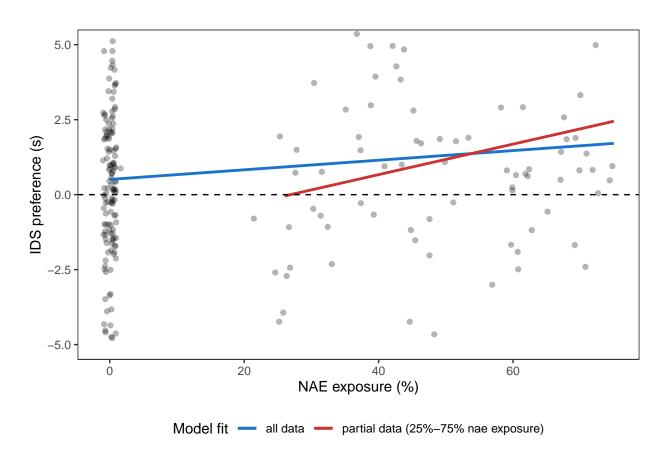


Figure 2. Linear trend between infants' IDS preference and their percentage of time exposed to NAE. Blue line indicates a regression model between infants' IDS preference and their NAE exposure (starting from zero). Red line indicates another regression model of the same relationship with a focus of NAE exposure between 25 to 75%. Finally, we note that the y-axis was truncated to highlight the trend such that some individual points are not plotted.

$Socio\text{-}economic\ status\ as\ a\ moderator\ of\ monolingual\text{-}bilingual$

Because socio-economic status can vary systematically between monolinguals and
bilinguals in the same community, we were interested in whether relationships between
bilingualism and IDS preference would hold when controlling for socio-economic status. It is
possible that an observed effect of bilingualism on IDS preference could disappear once SES
was controlled. Alternatively, it is possible that the effect of bilingualism on IDS preference
could only be apparent once SES was controlled. Thus, this analysis was important
regardless of an observed relationship between IDS preference and bilingualism in the
previous model.

Our approach was to add SES as a moderator of our final model for bilinguals. We expected that any effects of socio-economic status could interact with age, thus this model included interactions of trial type, age, and socio-economic status as a fixed effect, as well as the corresponding random slope by item. Based on the potential model detailed above for the bilinguals, our expected ses-mediated model was:

After pruning for non-convergence, our final model specifications are listed below. For the matched dataset, the final model was:

By contrast, the final model of the full dataset was:

In general, across the matched and full datasets (Table 5 and 6), SES did not have a significant effect on infants' looking time nor did it affect infants' preference for IDS.

However, for the matched dataset only, we found a statistically significant three-way interaction between IDS, age, and SES. Specifically, infants from 6- to 9-month-olds showed stronger IDS preference when they were from a higher SES families, but older infants from 12- to 15-month-olds showed similar IDS preference across families with different SES levels. However, this interaction was not observed in the full dataset, raising the possibility that it is a spurious, and arose only in the matched dataset because it is substantially smaller than the full data set.

Table 5

Linear Mixed Model 3 examining socio-economic status as a moderator of monolingual-bilingual differences SES in the matached dataset.

	Estimate	SE	t	
	1.000		10.000	
Intercept	1.960	0.108	18.200	0.000
IDS	0.075	0.080	0.936	0.349
HPP	0.120	0.089	1.340	0.199
Single Screen	0.094	0.100	0.939	0.359
Age	-0.025	0.029	-0.881	0.378
Trial #	-0.033	0.002	-17.200	0.000
NAE	-0.089	0.072	-1.240	0.225
Bilingual	0.022	0.028	0.795	0.427
SES	-0.003	0.005	-0.513	0.608
IDS * HPP	0.019	0.030	0.633	0.527
IDS * Single Screen	0.006	0.032	0.201	0.841
Age * Trial #	0.001	0.000	2.330	0.020
IDS * Trial #	-0.005	0.003	-1.740	0.081
IDS * Age	0.070	0.025	2.770	0.006
IDS * NAE	0.054	0.028	1.960	0.050
Age * NAE	0.012	0.010	1.130	0.260
IDS * Bilingual	-0.018	0.025	-0.734	0.463
Age * Bilingual	-0.010	0.009	-1.160	0.246
IDS * SES	0.003	0.005	0.770	0.441
Age * SES	0.000	0.002	-0.147	0.883
IDS * Age * NAE	0.016	0.009	1.810	0.071
IDS * Age * Bilingual	-0.005	0.008	-0.606	0.545
IDS * Age * SES	-0.004	0.002	-2.330	0.020

Table 6

Linear Mixed Model 3 examining socio-economic status as a moderator of monolingual-bilingual differences SES in the full dataset.

	Estimate	SE	t	p
Intercept	1.940	0.080	24.200	0.000
IDS	0.051	0.066	0.781	0.436
НРР	0.189	0.063	2.990	0.004
Single Screen	0.202	0.064	3.170	0.003
Age	-0.021	0.020	-1.050	0.292
Trial #	-0.037	0.002	-19.500	0.000
NAE	-0.018	0.051	-0.363	0.718
Bilingual	0.003	0.026	0.109	0.913
SES	-0.001	0.004	-0.204	0.838
IDS * HPP	0.029	0.020	1.410	0.160
IDS * Single Screen	-0.022	0.021	-1.040	0.296
Age * Trial #	0.001	0.000	4.280	0.000
IDS * Trial #	-0.003	0.003	-0.949	0.343
IDS * Age	0.021	0.017	1.250	0.213
IDS * NAE	0.031	0.017	1.800	0.072
Age * NAE	0.003	0.007	0.443	0.657
IDS * Bilingual	-0.007	0.020	-0.336	0.737
Age * Bilingual	-0.002	0.008	-0.206	0.837
IDS * SES	0.004	0.003	1.220	0.222
Age * SES	-0.001	0.001	-0.781	0.435
IDS * Age * NAE	0.012	0.005	2.230	0.026
IDS * Age * Bilingual	-0.004	0.007	-0.597	0.550
IDS * Age * SES	-0.001	0.001	-0.599	0.549

Exploratory analyses

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The relationship between NAE and IDS for bilingual infants who have
some exposure to NAE. In our second confirmatory analysis model (linear mixed model
2), we found that bilingual infants with more exposure to NAE showed stronger IDS
preference. However, this initial analysis included a number of bilingual infants who were not
exposed to NAE at all (Figure 2). This raises the question of whether the relation between
NAE and IDS preference may be primarily driven by the infants who were not learning NAE.
In the following analysis, we re-ran the pre-registered NAE-IDS model by restricting the
model to infants who were exposed to NAE between 25% and 75% of the time. After
pruning for non-convergence, the final model was:

log lt
$$\sim$$
trial type * method + trial type * trial num + age * trial num +
trial type * age * exp nae+
$$(1 \mid \text{subid})+$$

$$(1 \mid \text{lab})+$$

$$(1 \mid \text{item})$$

Based on 135 infants, the interaction between Trial Type and NAE exposure was still statistically significant ($\beta =$, \$SE = \$, p =). This result suggested that a dose-response relationship between infants' exposure to NAE and their preference for IDS over ADS was not driven by infants living in non-NAE contexts alone (see Table 7 for details of the model).

General Discussion

The current study was designed to better understand the effects of experience on the tuning of infants' preference for infant-directed speech (IDS) compared to adult-directed

Table 7

Linear Mixed Model testing the effects of exposure to NAE-IDS

(restricted to bilingual infants living in NAE contexts).

	Estimate	SE	t	p
Intercept	1.910	0.168	11.400	0.000
IDS	-0.211	0.132	-1.600	0.112
НРР	0.227	0.142	1.600	0.180
Single Screen	0.094	0.200	0.472	0.663
Age	-0.009	0.036	-0.265	0.791
Trial #	-0.041	0.006	-7.410	0.000
EXP_NAE	-0.002	0.002	-0.783	0.434
IDS * HPP	0.016	0.063	0.260	0.795
IDS * Single Screen	-0.115	0.081	-1.420	0.156
Age * Trial #	0.001	0.001	1.230	0.219
IDS * Trial #	0.016	0.008	1.990	0.048
IDS * Age	0.022	0.030	0.720	0.472
IDS * EXP_NAE	0.005	0.002	2.900	0.004
Age * EXP_NAE	0.000	0.001	-0.653	0.515
IDS * Age * EXP_NAE	0.000	0.001	0.054	0.957

speech (ADS). Bilingual infants' language experience is split across input in two different 966 languages, which are being acquired simultaneously. Bilinguals and monolinguals may thus 967 differ in their preference for IDS. To explore this question, we used a collaborative, multi-lab 968 (N = 17 labs) approach to gather a large dataset of infants who were either 6-9- or 969 12-15-months old and growing up bilingual (N = 333 bilingual infants in the final sample, 970 and a lab-matched sample of N = 385 monolingual infants from the same communities). 971 Data were collected as a companion project to ManyBabies 1 (ManyBabies Consortium, in 972 press), which was limited to infants growing up monolingual. Overall, we found that 973 bilingualism neither enhanced nor attenuated infants' preference for IDS, with bilinguals 974 showing a similar magnitude and developmental trajectory of IDS preference as monolinguals 975 from age 6 to 15 months.

Although bilingual experience did not appear to moderate infants' preference for IDS, 977 we found striking evidence that experience hearing North-American English (NAE, the 978 language of our stimuli) contributed to the magnitude of bilingual infants' IDS preference. 970 Bilinguals with greater exposure to NAE showed greater IDS preferences (when tested in 980 NAE) than those who had less exposure to NAE. This relationship between NAE exposure 981 and IDS preference was also observed in a subsample of bilingual infants all acquiring NAE, 982 but who varied in how much they were exposed to NAE relative to their other native 983 language. These results converge with those from the larger ManyBabies 1 monolingual 984 study, which reported that monolinguals acquiring NAE had a stronger preference for IDS 985 than monolinguals acquiring another language. Importantly, our approach provides a more nuanced view of the relationship between NAE and IDS preference, and suggests that there is a continuous dose effect of exposure on preference. Together, our findings have a number of implications for bilingual language acquisition during infancy. In the following, we will 989 first discuss each of our research questions in turn, followed by limitations and implications 990 of our study. 991

Our first research question asked whether bilingualism affects infants' attention to IDS 992 relative to ADS. We hypothesized that the complexity of the bilingual infant's learning 993 experience might lead to greater reliance on/preference for IDS, given that IDS may be 994 viewed as an enhanced linguistic signal. However, this hypothesis was not confirmed. We 995 observed a meta-analytic effect size in the full dataset for monolinguals of $d_z=0.36$ [CI = 996 0.28 - 0.44] and for bilinguals of $d_z=0.26$ [CI: 0.09 - 0.43]. While monolinguals showed a 997 numerically larger effect size, this difference was not statistically significant in either the 998 meta-analyses or the mixed-effects linear models. Although small differences are still 999 possible, our data generally support the conclusion that bilingual and monolingual infants 1000 show a similar preference for IDS over ADS. Specifically, both groups show a preference for 1001 IDS at 6-9 months of age, which gets stronger by 12-15 months. 1002

An additional part of our first research question asked whether bilinguals might show 1003 more variability than monolinguals in their IDS preference, beyond any differences in the 1004 magnitude of the preference. We had reasoned that given their diversity of language 1005 experiences, bilingual groups may have a higher heterogeneity in terms of their IDS 1006 preference compared to monolingual groups (see also Orena & Polka, 2019, for a recent 1007 experiment that observed this pattern). However, while both monolingual and bilingual 1008 groups showed high variability, there were no reliable differences in variability observed 1000 across groups. Thus, our results did not support the idea that bilingual infants show more 1010 variable IDS preference than their monolingual peers. 1011

Given that monolinguals and bilinguals can systematically differ in their
socio-economic status (SES), the third part of our first research question asked whether SES
might moderate bilingualism effects. We found mixed support for the role of SES in our
datasets. In our smaller dataset (matched dataset across labs), we found a statistically
significant interaction between age, SES, and IDS preference: 6-9-month-olds from higher
SES families showed stronger IDS preference than those from lower SES families, whereas

12-15-month-olds showed similar IDS preference regardless of SES. The direction of this 1018 effect aligns with other research reporting that children from higher SES families generally 1019 receive more language input and/or higher quality input (e.g., engaging in conversations 1020 with more lexical diversity, complexity, and structural variations) than children from lower 1021 SES families (Fernald, Marchman, & Weisleder, 2013; Hart & Risley, 1995; Hoff, 2006; Tal & 1022 Arnon, 2018). Thus, this could suggest that infants from higher SES families may show 1023 stronger IDS preference earlier in life as they hear more or higher quality IDS in their daily 1024 lives. Further, this positive SES impact may be most beneficial to younger infants whose IDS 1025 preference is still developing. However, given that in our larger (full) dataset SES was 1026 unrelated to IDS preference in either 6-9- or 12-15-month-olds, this result might be spurious 1027 and should be interpreted with caution. 1028

Our second research question asked whether and how the amount of exposure to NAE 1029 would affect bilingual infants' listening preferences. Given that our stimuli were produced in 1030 NAE, we expected that greater exposure to NAE would be linked to greater attention to 1031 NAE IDS relative to NAE ADS. Indeed, ManyBabies 1 (ManyBabies Consortium, in press), 1032 which was conducted concurrently with the current study, found that that monolinguals 1033 acquiring NAE showed a stronger IDS preference than monolinguals not acquiring NAE. 1034 However, in the ManyBabies 1 study, exposure to NAE-IDS was a binary variable – either 1035 the infants heard only NAE or heard only a different language in their language 1036 environments. In the current paper, bilinguals provide a more nuanced way to address this 1037 question, as bilinguals' exposure to NAE varied continuously between 25% and 75% (for 1038 infants learning NAE as one of their native languages) or was near 0% (for infants learning 1039 two non-NAE native languages). We found clear evidence for a positive dose-response 1040 relationship between exposure to NAE and infants' preference for NAE-IDS. This evidence – 1041 that bilinguals with more exposure to NAE showed a stronger NAE-IDS preference – was 1042 also present when focusing only on bilinguals who were learning NAE as one of their native 1043 languages (i.e., those exposed to NAE 25-75\% of the time). Importantly, we did not find a 1044

similar effect of exposure to NAE on infants' overall looking. This suggests that the effect of
NAE exposure on preference for IDS is a meaningful relationship, rather than an artefact
due to the stimuli being presented in NAE. Further studies with stimuli in other languages
would be necessary to solidify this conclusion.

As the first study to recruit and test bilingual infants at such a large scale and at so 1049 many sites, we encountered several challenges (see also Byers-Heinlein et al., under review, 1050 for a fuller discussion of challenges in planning and conducting ManyBabies 1). First, several 105 laboratories were not able to recruit the number of bilingual infants they had originally 1052 planned. All labs committed to collecting a minimum of 16 bilingual infants per age group. 1053 This ended up being unfeasible for some labs within the timeframe available (which was 1054 more than a year), in some cases due to a high number of participants not meeting our strict 1055 criterion for inclusion as bilingual. This undoubtedly highlights the challenges for labs in 1056 recruiting bilingual infant samples, and moreover raises questions about how bilingualism 1057 should be defined, and whether it should be treated as a continuous vs. categorical variable 1058 (Anderson, Mak, & Bialystok, 2018; Bialystok, Luk, Peets, & Yang, 2018; Incera & 1059 McLennan, 2018). Second, we had planned to explore the effect of different language pairs 1060 on IDS preference. We had expected that some labs would be able to recruit relatively 1061 homogeneous samples of infants (i.e., all learning the same language pair), but in the end 1062 only one of 17 labs did so (another lab had planned to recruit a homogeneous sample but 1063 deviated from this plan when it appeared unfeasible). Thus, we leave the question of the 1064 effect of language pair on infants' IDS preference an open issue to be followed up in future 1065 studies. By and large, we believe that our large-scale approach to data collection may in the 1066 future allow for the creation of homogeneous samples of infants tested at different 1067 laboratories around the world. As such, large-scale and multi-site bilingual research projects 1068 provide researchers with a powerful way to examine how the diversity and variability of 1069 bilinguals impact their language and cognitive development. 1070

Overall, our finding that bilinguals show similar preference for IDS as monolinguals 1071 reinforces theoretical views that emphasize the similarities in attentional and learning 1072 mechanisms across monolingual and bilingual infants (e.g., Curtin, Byers-Heinlein, & Werker, 1073 2011). IDS appears to be a signal that enhances attention in infants from a variety of 1074 language backgrounds. Yet, bilingual infants appear to be exquisitely fine-tuned to the 1075 relative amount of input in each of their languages. It could have been the case that 1076 language exposure has a threshold effect with any regular exposure to NAE enhancing 1077 infants' preference for NAE-IDS, marking it is a highly relevant speech signal. Instead, we 1078 observed a graded effect such that the magnitude of bilingual infants' preference varied 1079 continuously with the amount of exposure to NAE. Just as bilingual infants' relative 1080 vocabulary size and early grammar skills in each language are linked to the amount of input 1081 in that language (Hoff et al., 2012; Place & Hoff, 2011), the current study shows that the 1082 amount of language input may also play an important role in other language acquisition 1083 processes. Indeed, an intriguing but untested possibility is that different input-related 1084 attentional biases (i.e., IDS preference) across bilinguals' two languages explain important 1085 variability in the early development of bilingual children's vocabulary and grammar. Future 1086 bilingual work can investigate the above possibility to further delineate the interplay between 1087 infants' language input, IDS preference, vocabulary, and grammar skills. 1088

To conclude, the findings of the current study provide a more nuanced view of the 1080 development of infants' preference for IDS than prior studies have allowed. IDS preference 1090 develops along a similar trajectory across infants from monolingual and bilingual 1091 backgrounds. Importantly, by testing bilingual infants, our results revealed that this IDS 1092 preference operates in a dose-response fashion, where the amount of exposure to NAE 1093 positively moderated infants' (NAE-) IDS preference in a continuous way. Our experience 1094 highlights the challenges in recruiting and testing bilingual infants, but also reveals the 1095 promise of large-scale collaborations for increasing sample sizes, and thus improving the 1096 replicability and generalizability of key findings in infant research. 1097

Author Contributions

Author contribution initials reflect authorship order. KBH, MCF, JG, MS contributed to the study concept. KBH, MCF, JG, KK, CLW, MM, MS contributed to the study design. KBH, CB contributed to the final protocol. KBH contributed to study documentation. KBH contributed to study management. KBH, ASMT, AB, AB, SD, CTF, ACF, AG, JG, NGG, JKH, NH, MH, SK, KK, CLW, LL, CM, MM, VM, CN, AJO, LP, CEP, LS, MS, MS, CW, JW contributed to data collection. KBH, ASMT, CB, MCF, JK contributed to data analysis. KBH, CB, AB, MJC, CTF, MCF, JG, NGG, JKH, CLW, LS, MS contributed to the stage 1 manuscript. KBH, ASMT, CTF, MCF, JG, LS, MS contributed to the stage 2 manuscript.

Conflicts of Interest

The authors declare that there were no conflicts of interest with respect to the authorship or the publication of this article.

1110 Preregistration

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Our manuscript was reviewed prior to data collection (https://osf.io/wtfuq/files/); in addition, we registered our instructions and materials prior to data collection (https://osf.io/zauhq/).

1114 Data, materials, and online resources

All data and analytic code are available at
https://github.com/manybabies/mb1b-analysis-public. All materials are available via the
ManyBabies 1 monolingual Open Science Framework site at osf.io/re95x/.

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Appendix

Table A1

Number of monolingual and bilingual infants in each gender group by lab which met infant-level inclusion criteria.

lab	monolingual	monolingual	bilingual	bilingual
	female	male	female	male
babylabbrookes	18	12	14	20
babylabkingswood	11	19	9	15
babylabparisdescartes1	7	9	5	6
babylabprinceton	1	0	10	5
bllumanitoba	18	24	9	6
cdcceu	8	5	8	6
infantcogubc	8	3	7	3
infantstudiesubc	8	12	9	6
irlconcordia	15	20	16	18
isplabmcgill	5	6	8	8
langlabucla	1	2	5	4
ldlottawa	16	12	14	11
lllliv	17	17	4	9
lscppsl	7	7	7	9
nus in fant language centre	8	12	24	14
weltentdeckerzurich	14	16	16	12
wsigoettingen	17	29	5	11

 $\label{eq:continuous_problem} \begin{tabular}{ll} Table A2 \\ Number of bilingual infants per unique language pairs \\ \end{tabular}$

language_pairs	n
albanian ; non_nae_english	1
albanian; swissgerman	1
arabic; french	5
arabic; german	1
arabic ; nae_english	2
arabic; non_nae_english	2
armenian; french	1
bahasa ; non_nae_english	1
belizean creole ; nae_english	1
bengali ; non_nae_english	1
bosnian; non_nae_english	1
bulgarian ; german	1
cantonese; german	1
cantonese ; nae_english	14
cantonese ; non_nae_english	2
dutch; french	1
farsi ; non_nae_english	2
finnish; german	1
finnish; swissgerman	1
french; georgian	1
french; german	2
french; hungarian	2
french; italian	4
french; korean	1

 $\label{eq:continued} \mbox{Number of bilingual infants per unique language pairs (continued)}$

language_pairs	n
french ; lebanese	1
french; mandarin	1
french; nae_english	64
french; non_nae_english	9
french; persian	1
french; polish	1
french; portuguese	2
french; romanian	1
french; russian	1
french; spanish	6
french; swissgerman	5
french.; kabyle	1
german; hungarian	1
german ; kurdish	1
german; lithuanian	1
german ; nae_english	5
german ; non_nae_english	9
german; polish	2
german; russian	2
greek ; non_nae_english	2
greek ; swissgerman	1
hebrew; hungarian	3
hebrew ; nae_english	3
hindi ; non_nae_english	1

 $\label{eq:continued} \begin{tabular}{ll} Table A2 \\ Number of bilingual infants per unique language pairs (continued) \\ \end{tabular}$

language_pairs	n
hungarian ; italian	1
hungarian; nae_english	1
hungarian; non_nae_english	4
hungarian; russian	2
hungarian; spanish	1
indonesian ; nae_english	1
indonesian ; non_nae_english	1
italian ; nae_english	1
italian ; non_nae_english	2
italian ; swissgerman	3
japanese ; non_nae_english	3
khmer ; non_nae_english	1
korean ; nae_english	2
malayalam ; nae_english	1
mandarin ; nae_english	7
mandarin ; non_nae_english	44
nae_english; persian	1
nae_english; polish	1
nae_english ; punjabi	3
nae_english ; russian	3
nae_english; spanish	17
nae_english ; swedish	2
nae_english ; swissgerman	1
nae_english ; tagalog	2

Table A2

Number of bilingual infants per unique language pairs (continued)

language_pairs	n
nae_english ; telugu	1
nae_english ; urdu	1
nepali ; non_nae_english	1
non_nae_english ; patois	1
non_nae_english; polish	7
non_nae_english ; portuguese	7
non_nae_english; punjabi	1
non_nae_english; russian	1
non_nae_english; slovenian	1
non_nae_english; spanish	7
non_nae_english; swissgerman	5
non_nae_english ; tagalog	2
non_nae_english ; tamil	1
non_nae_english; turkish	1
non_nae_english; ukrainean	1
non_nae_english; urdu	1
non_nae_english; vietnamese	1
non_nae_english; welsh	2
non_nae_english ; wu	1
portuguese; swissgerman	1
romansh; swissgerman	1
serbian; swissgerman	1
slowenian; swissgerman	1
spanish; swissgerman	6

 $\label{eq:continued} \begin{tabular}{ll} Table A2 \\ Number of bilingual infants per unique language pairs (continued) \\ \end{tabular}$

language_pairs	n
swissgerman ; turkish	1