MANYBABIES CONSORTIUM (2020) AMPPS

6 JAN 2021

Part of a move to improve transparency & replicability of infancy research
↳ open & standardized study design, implementation, & analysis across a large # of labs

Infant-directed speech

- Despite cross-cultural & cross-linguistic variance generally identifiable to adult listeners.
- Infants, even newborns, prefer IDS to ADS (replicated many times)
- Theorized to increase attention to speech & to possibly help w/ sound discrimination, word segmentation, & word learning (incl. evidence of increased neural activity)
- May trigger pedagogy-driven learning mechanisms, even for non-lg stimuli, & relates to later vocabulary outcomes.

Current Qs: ① magnitude of effect ② change w/ age ③ across lgs ④ methods effects (& more)

Methods (brief):

N = 2329 monolingual infants between 3 & 15 months tested in ~1 year across 67 labs (30 in N. Amer) in 16 countries

Stimuli: Concatenated (~18 sec) utts from mothers (NAEng) who produced IDS & ADS to their infant/an experimenter w/ talk about a controlled set of objects (thoroughly pre-tested)

Task: Central fixation w/ manual or eye tracker annotation of looking time —or— headturn preference. Standardized visual stims, trial duration/order, masking sounds, etc. (some deviations)

Analysis: Participant & trial-level; also lab-level (min = 10+ kids after exclusions)

Results (brief):

- Confirmed preference but w/ a smaller effect size - maybe pub. bias, maybe partly fit of indiv. studies
- IDS preference larger for older children (perhaps due to age of kid addressees in stims?)
- IDS preference greater in native lg/culture (NAE) though no IDS * lg * age effect
- Method mattered: HPP (*) > CF (NS) > ET though method is not randomized across labs
- Increasing restrictions (i.e. requiring more min. trials/infant) increased effect size

? Limited populations (e.g. cultural variance) & super-limited stims, but w/ reason.
- Perhaps more interesting: what's next? How do we get to why? and with what effect?