

Leveraging behavioural science to support caregivers in the Western Cape, South Africa

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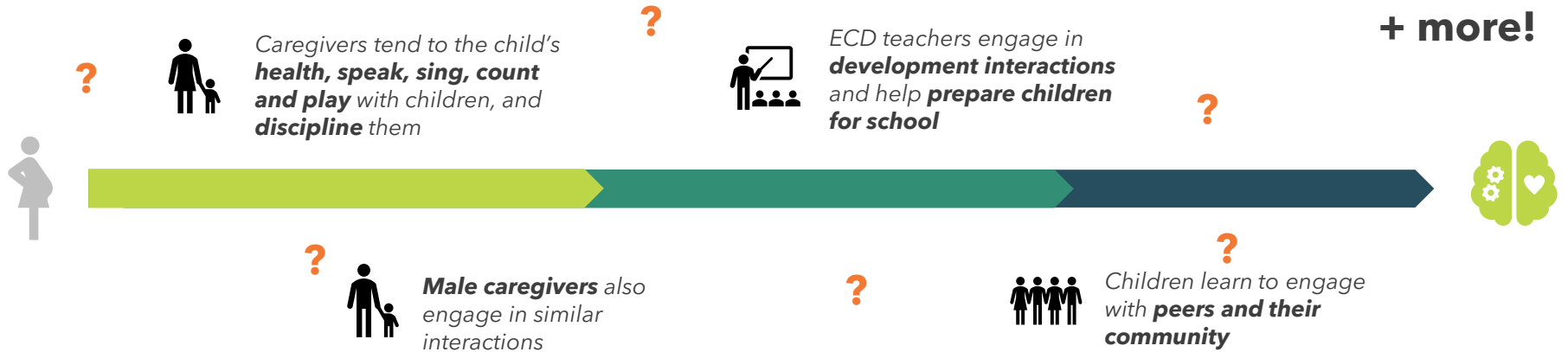
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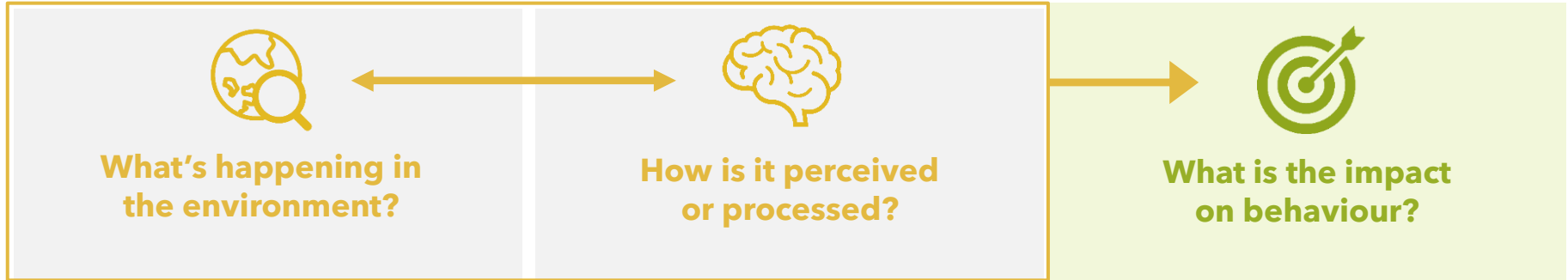


Many are involved in a child's development

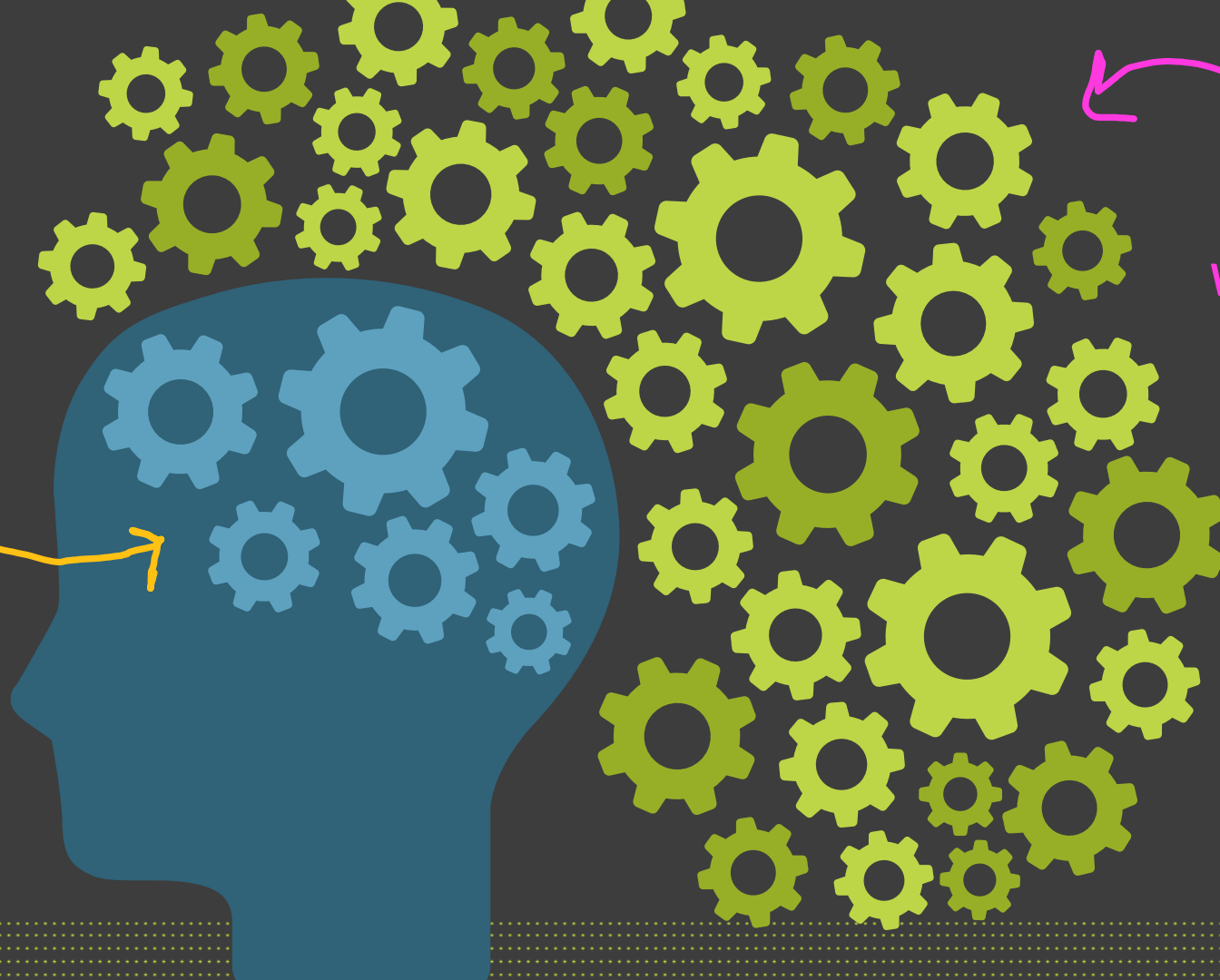


Each actor may face many **barriers to engaging in these behaviours** to promote child development.

An understanding of the environment and psychologies informs solution design



we can't
rewire
this...



...but
we CAN
rewire
this!

What is preventing caregivers from consistently engaging in play with their young children, even when they're highly motivated to do so?

Our behavioural diagnosis methodology



Developed research instruments to tease out psychologies and features of the context.

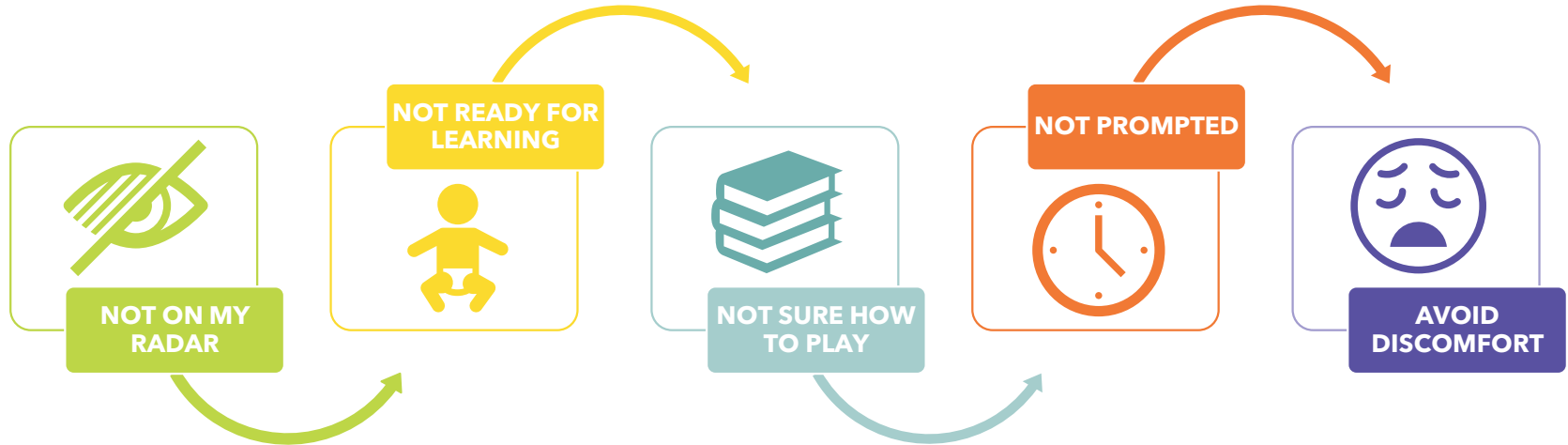


Conducted 15 interviews in the Cape Town metro area with caregivers of children 0-5.



Analysed data and elevated 5 distinct diagnosis insights into key barriers.

What stops caregivers from engaging?





Not ready for learning, yet

Caregivers assume that children's cognitive development occurs 'naturally' and is outside their control. Caregivers consider learning-oriented activities only when children who are older (+3 years) can signal they are interested in learning, or show they are developing.

“Like this one, writing his name is still difficult...he can only hold the pencil. I’m not sure if she should be learning yet.”

What can you do to help your children grow properly?

“Nothing, we don’t do anything. They grow on their own. I don’t do nothing.”

PSYCHOLOGIES AT PLAY

Salience - The impacts of efforts to promote children’s cognitive development with play are less visible than other types of activities such as reading/writing. This leads caregivers to assume that play’s role is entertainment.

Self-efficacy - Caregivers don’t believe they have the capacity to execute behaviours necessary to help their children develop cognitively.

Possible design implications

1

Make early cognitive development visible:

Create tools that make children's cognitive development visible or create new, earlier heuristics for when children are ready to learn. *Example: cognitive growth chart, tie actions to existing heuristics like immunization.*

2

Help caregivers see impacts of their actions:

Facilitate self-efficacy by creating 'feedback' mechanisms whereby caregivers can see how their behaviours lead their children to learn. *Example: goal setting and reflection exercises.*



Avoid discomfort

Caregivers must split their cognitive bandwidth and energy between their children and completing other important tasks. If caregivers expect or experience discomfort from engaging with their child, they will devote resources elsewhere.

"I don't make him do these things if he doesn't want to...then I must leave him because I don't want to upset him or make him angry"

"I give up quickly when he doesn't want to listen...I say okay I'm going to try another 2-3 times, but then I just drop it because I say you are wasting my time."

PSYCHOLOGIES AT PLAY

Affective forecasting - Caregivers predict what their and their child's emotional response will be to engaging in play and will decide against it if they expect to discomfort.

Present bias - Caregivers favor necessary actions or those that provide immediate rewards at the expense of actions that will only provide long-term rewards (e.g., cognitive development), especially when those actions have immediate costs (i.e., emotional pain).

Possible design implications

1**Provide psychosocial support to caregivers:**

Consider ways to provide caregivers with the holistic psychosocial support needed to thrive.

Example: peer support groups, promote easy access to supportive services.

2**Make play into a rewarding activity:**

Create programmes that reward caregivers for engaging in play with their children and/or turn play into a positive experience for them.

Example: progress visibility charts, social recognition.



QUESTIONS



Thank you

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