2. Understand the Audience

Describe the audience in terms of their behaviors, attitudes, and beliefs (in addition to demographics). Seek to understand things about the audience that they themselves might not be aware of.

The implementing team is focused on deeply understanding the audience it serves. Their understanding of the audience goes beyond demographics to include not only attitudes, behaviors, and beliefs, but also the unspoken. The implementers notice things about the audience that the audience itself does not articulate or might not even be aware of.

GOOD 🖉 🖉

The implementers understand behaviors and attitudes of the audience and can distinguish the target audience from other potential groups. However, the audience understanding is not deep enough to include the unspoken as well as the spoken.

AVERAGE/POOR

Audience understanding is largely demographic with some high level, very general behavioral understanding.



The A360 team developed deep audience understanding using an iterative, human centered design approach grounded in three core principles: understand me, identify with me, and serve me, detailed below. The audience understanding is strong in that the team identified underlying motivations not only about contraception, but also about girls' hopes for their future.

KEY COMPONENTS TO AUDIENCE UNDERSTANDING

- 1. Understand Me: Tailor programing to where girls are, developmentally and socially, meeting them where they are on their 'life trajectory' to identify their dreams.
- 2. Identify with Me: Girls are brought in as design and implementation partners and focus on relevance of interventions to girls.
- 3. Serve Me: Girl-defined and girl-designed services and messages, when and where they need them.

HIGHLIGHTS FROM AUDIENCE UNDERSTANDING

- Girls feel a sense of isolation after marriage related to restrictions and redefining social roles their dreams go neglected.
- Girls see having a child as an 'attainable joy' a source of happiness in reach of even the poorest girls. Perceptions that using contraception before a first birth will lead to sterility place that attainable joy at risk.
- Many girls do not perceive themselves to be sexually active, even though they have had sex.
- Girls have a number of competing priorities to health, including the larger imperative of making ends meet financially.
- They are navigating and exploring interests and goals.



Audience understanding is central to Airbnb's culture. It comes from the founders, who learned the importance of empathy as undergraduate designers at the Rhode Island School of Design. It also came from advice received from an early mentor, who told the founders to "go to your users," prodding them to make weekly trips from San Francisco to New York City, where they interviewed and observed hosts in their homes. In later years, they used storyboards as a way to gain empathy and think through specific details of the user experience. Rebecca Sinclair, who was then the head of user experience and research and design (and had previously worked at IDEO), described how the storyboard process enabled Airbnb to employ "design thinking" (human centered design).¹

INSPIRATION FOR STORYBOARDING

Over Christmas break in 2011, CEO Brian Chesky read Walt Disney's biography and became inspired by Disney's use of storyboards to focus his team and create the company's first feature film, Snow White. Chesky decided to experiment with the process at Airbnb, using the company's data and multifunctional teams to draft and refine the Airbnb customer journey, enabling Airbnb to understand the usage experience from the audience's point of view.

THE PERFECT TRIP STORYBOARD

To design Airbnb experiences, the team set out to develop a storyboard of the perfect trip, which they would later use to identify the most important elements they could implement at scale (e.g., a welcoming event, a transformational experience outside one's comfort zone, etc.).

To create a compelling storyboard, however, they needed to develop empathy and understand the emotional moments of an individual's travel experience. To do so, they anonymously recruited a traveler who would allow them to photograph his visit to San Francisco. The trip was underwhelming at best (the traveler stayed in a budget hotel, visited crowded tourist destinations, and ate at low quality chain restaurants). Airbnb used the learning from this experience to storyboard the ideal experience and contacted the traveler again, offering this time to send him on a perfect trip to San Francisco. After this second visit, the traveler left the city in tears of joy, describing the trip as "magical," and "the best trip I've ever had." The knowledge and empathy the team gained from that experience - and accompanying storyboard - became the blueprint for creating Airbnb Experiences, which are intended to create emotionally moving and memorable travel experiences.

THE DESIGNER'S RESPONSIBILITY

"You have to understand your customers' experiences and ask yourself how they feel, but don't ask your customer to tell you the solution. You are the designer. Your job is to be a deep, empathetic listener and to imagine ways to solve their problem. Take responsibility to create something better than the customer could have imagined. They are the inspiration, but you are the creator."

Rebecca Sinclair, former head of user experience research and design, speaking about the storyboard process in Fast Company²



Audience understanding was grounded in local knowledge (the design and implementation of B4L was driven by resident South Africans, including CCI staff, the media agency, and most partners). This knowledge was complemented by existing national studies (National Communication Survey, the Human Sciences Research Council HIV/AIDS Survey, etc.); community-based surveys; and extensive consultations with national and provincial government personnel, community leaders, and South African men; These findings suggested that men felt that they had been left out of the HIV prevention discussion and/or treated as perpetrators. With each initiative, the team conducted additional research (e.g., focus group discussions among men drawn from community outreach groups) to better understand knowledge, attitudes, practices, and experiences relative to the behavior in question (e.g., HIV Counseling and Testing (HCT)).



Highlights from HCT Foundational Research¹

Often men with high risk profiles do not perceive themselves to be at risk; familiar partners are safe because they are known, regardless of whether their HIV status is known.

Many also suspect that they are HIV positive but avoid testing; not knowing is preferable to knowing. "Going to get tested is the confirmation of an unspoken truth."

There is also a belief that knowledge brings death, but ignorance means you are going to live. Once you know your (positive) status, something changes in your head; others will notice, or you will start to make yourself sick, either from worry or because "consciousness" will trigger symptoms.

Those who have friends or family members living with HIV seem to have less fear of testing; having known someone who has coped seems to demystify the disease.

Social norms that suggest that men are not supposed to get sick also keep men from health clinics.



MSK and the design team from Ideo.org used immersive techniques to refine their understanding of the audience. This included spending time with Kenyan girls (shopping & hanging out with them as they went about their daily lives); interviewing girls, stakeholders and influencers -- youth, parents, service providers, and community members; and prototyping materials in partnership with girls. We scored this best practice as excellent based on the depth of understanding, not only about girls' and society's attitudes and beliefs toward contraception and fertility, but also about priorities and expectations, as well as girls' relationships and influencers.

"You have to go to the hospital to get the implant and they'll ask if you've had a child. If you haven't, they won't give you the implant." - GROUP OF GIRLS, NAIROBI

"They [CHWs] talk to them about child spacing, not infertility" - MUMMY, MUMMY'S CLINIC OUTSIDE KISUMU

Select Findings from Audience Research:

Youth had been historically left out of substantive conversations about contraceptives.

Because contraceptives were a taboo topic and full of stigma particularly for unmarried youth, fear and misinformation spread more quickly than correct information.

Contraceptives were widely thought to be a 'female' issue, even though boys are often important decision makers.

The use of the term 'family planning' in reference to contraceptives turned off unmarried, school-aged youth who were not in that stage of life. Instead they were thinking about their goals and dreams.

Teens do not associate unsafe abortions or STIs with infertility; however, they do associate family planning with infertility.

The e-pill may be acceptable to providers because it is an "emergency" situation.

Parents generally don't talk to their children about sex, due to discomfort or lack of knowledge.

With more medical representatives than any other leading pharmaceutical company and a corporate reputation as a savvy marketing engine, we expect Mankind to have robust audience understanding of both doctors and consumers. However, we did not find any information about Mankind's approach to audience research and therefore did not score this best practice. In the case of Mankind's consumer brands, the literature suggests that it is Mankind's agency, ADK Fortune, that brings forth the audience findings and implications for Mankind's brands.

AUDIENCE

DOCTORS¹

COUPLES²

RESEARCH FINDING

Doctors know about molecules, but they're overwhelmed by the number of brands. 19% of Indian couples have filmed their intimate moments.

EXPECTANT MOTHERS³

Today's expectant mothers work right up until the very end of their pregnancy; it's a time when long hours and marathon meetings can be especially challenging.

MTN describes several initiatives in the company's 2018 annual report that require in-depth customer understanding (some of these are highlighted below). However, the specific details about the audience – how they approach audience understanding, what they know about their audience, etc. -- are not publicly available; for this reason we did not score this best practice.

FROM 2018 ANNUAL REPORT: HIGHLIGHTS THAT SUGGEST STRONG AUDIENCE UNDERSTANDING

Customer centricity is a requirement across all industries, with consumers considering better service a key decision factor when making a purchase.

For MTN, 'best customer experience' is focused on meeting this need. We work to ensure that we put our customers at the heart of everything we do. Simply put, our customers are the driving force of our success and market leader position and so their experience of our services, channels, people and technology is key.

2018 initiatives

- Redesign our most common customer journeys
- Develop a pro-customer MTN brand identity
- Implement a treat customer fairly (TCF) policy and controls
- Invest in infrastructure and capability
 to improve customer service

Future focus

- Expand on the improvements made in customer journeys in 2018
- Deepen the 'pro-customer' positioning of the brand, by:
- Aligning our media spend with what resonates with our customers
- Creating customer commitment manifestos
- Expanding the number of service points using new formats like kiosks
- Improving our measurement and analytics capability for customer service and brand

"...We also have deep customer insights with local knowledge and presence: by understanding customers' needs we can offer locally relevant content..."

- Rob Shuter, Group President and CEO, responding to the question What makes you certain MTN can win?



MTV Shuga is grounded in audience understanding and empathy. The overall insight – it is not that youth lack knowledge about HIV/ AIDS, but rather that they lack role models, opportunities for discussion about topics related to HIV/AIDS, and a forum to sort through their own emotions relative to sex and relationships – is not something that youth would articulate, but is based on understanding their spoken and unspoken needs.

In addition, MTV Shuga grounds each season in formative research. For example, before launching in South Africa, the team led focus groups and surveys with over 3,600 South African youth, collecting information on HIV stigma, HIV risks, sources of sexual knowledge and SRH support, sexuality and relationships, enjoyment and desire, and engagement with social media and other technology. Audience understanding is also built into the process on an ongoing basis. Throughout each season, the team collects feedback from the audience through text answers via a USSD platform as well as the MTV Shuga website. This feedback is used to tweak future episodes to make the story more relevant and to clarify key messages, while also helping to identify unspoken cultural norms. In the case of Season 5 in South Africa, MTV Shuga received more than 252,000 responses from nearly 44,000 viewers to 25 questions about messaging and storylines throughout the season.

"We start each season by figuring out what our priority messaging is, then we bring together a group of young people who will talk to us and tell us their stories. This process is absolutely crucial to making sure we get the story lines right and it's fascinating to be in the room when it's happening. I have seen a mixture of kids, some were HIV-positive, some were negative, some worked in HIV, some went out clubbing every night, some were at university – they were all just kids – talk to our producers about the challenges they face and the situations they must navigate. By building our stories on a factual basis, we end up with something that feels real. Everything – from the slang the kids use to the way they dress – is vetted by the young people in the script writing workshops. Even once we've got a script written, the actors are able to say, "You know what? I just wouldn't say these words" and we let them help us shape the dialogue so it reflects reality."

- Georgia Arnold, Executive Director of MTV Staying Alive Foundation¹

1) "The Secrets of MTV Shuga's Success," Together for Girls, Nov 2015.

Other sources: The Compass for SBCC: https://www.thecompassforsbc.org/sbcc-spotlights/mtv-shuga, PrEP Watch: https://www.prepwatch.org/wp-content/uploads/2018/07/MTV-Shuga-Fact-Sheet.pdf



NURHI spent a full 'discovery year' gathering audience and market insights to better understand the family planning landscape in the target program cities. Insights were gathered using a variety of methods including secondary analysis of existing research on contraceptive use; 26 focus group discussions among target clients in select cities; in-depth interviews among service providers; family planning social mapping; and key informant interviews. In addition, NURHI also analyzed the policy environment and the level of capacity among potential media partners.

SUMMARY OF RESEARCH FINDINGS

- Family planning is a controversial topic in Nigeria.
- Religious and community leaders often challenge contraceptive use publicly, contributing to the proliferation of some misinformation and norms.
- Men and women felt patronized by family planning communications that often depict a specific number of children.
- There is widespread fear of negative health consequences of FP use.
- FP is seen as difficult to use and understand; is often presented in a highly medicalized manner.
- Commonly used framing that highlights the economic benefits of FP did not resonate with most Nigerian men and women.





The Obama campaign made extensive use of meta-data to drive tailored messages and relied on more than simple demographic data to disentangle geography and politics. Obama outperformed his competition in cultivating a deep audience understanding through a variety of online and in-person channels. While supporters were more likely to use the internet at baseline, Obama's team capitalized on this opportunity to collect extensive data on his target audience and their social media habits, among other data points, to tailor messaging that converted "maybe" voters into grassroots activists. A team of data analysts collected more than the typical demographic data to direct their efforts. For example, they would analyze voter posts on Facebook to understand their values and lifestyle at a deeper level (e.g., whether someone owns a pet or plays sports) and would use that information to provide appropriate content from Obama (for example, photos of Obama with animals or playing basketball).



Data Analysts working inside "The Cave". Image Retrieved from: Pacific Standard.



Obama joining his "Campaign Army" in Colorado a week before election day in 2008. Photo: Scout Tufankjian/Polaris



Audience understanding was grounded in literature reviews and qualitative research (which aimed to understand habits and attitudes toward diarrhea, expectations for children and the "happy child context," expectations of diarrhea treatment, barriers to seeking treatment, media habits. and village mapping) Qualitative research included focus groups and in-depth interviews among mothers, influencers, and medical professionals. We scored this best practice as "good;" there is depth of research on barriers, expectations for happy and active children, and community mapping to understand issues related to clinic accessibility. We scored this best practice as "good" – there is strong audience understanding of usage barriers, which enabled the team to effectively address the problem; however, we do not find evidence of deep understanding of latent attitudes, beliefs, and motivations.

RESEARCH SUMMARY:

KEY ISSUES TO BE ADDRESS THROUGH MASS MEDIA CAMPAIGN



Highlights from Audience Research:

- Diarrhea is not perceived to be a serious illness; there is therefore no compelling reason to seek treatment, especially when it involves the cost and inconvenience of travel and the need to negotiate permission from family members (e.g., husband, mother-in-law)
- There was some awareness of ORS (although no awareness of zinc); some perceived ORS to be like a home remedy
- Mothers desire instant relief (it is perceived as modern and progressive, gives caregivers a high degree of control, and guarantees results)
- Mothers have a sense of "growing up again" through their children; In supporting their children's growth, they feel good about themselves and relive a bit of their own childhood and potential. Healthy, happy, well behaved children reflect their parents.
- Children are expected to be active and have energy ("they are little devils").
- Contrary to previously held beliefs about the audience, very few caregivers had little or no access to TV. Over 90% watched TV at least once/ week.



Shujaaz takes a multi-faceted approach to audience understanding, including qualitative research with multiple constituents (youth, "finger-waggers," gate-keepers (typically parents) and positive deviants); segmentation of youth based on where they fall along the "rejection –adopting scale" for each behavior change objective; pretesting of messages; solicitation of audience feedback to Shujaaz media (comics, radio show, etc.) through social media and SMS messages; and data analysis on linguistics and conversation topics. Much of the formative research is done in collaboration with the audience. For example, youth develop the rejection scale and segments based on their own attitudes, beliefs and understanding of their peers. Similarly, Shujaaz staff – many of whom are Kenyans in their 20s – bring first-hand audience understanding based on their own lives and understanding of Kenyan youth.

Using the rejecting - adoption scale to understand attitudes and beliefs

The image below is an example from the Well Told Story website. It depicts how the audience – in this case young women – cluster different groups of women based on their relationship type, as well as where each group falls along the rejection – adoption scale for contraceptive use. This framework enables Shujaaz to understand attitudes and beliefs, identify persuasion opportunities, and develop messages intended to move each group along the rejection – adoption scale.





After making the decision to turn the focus of Trust back to youth (the target demographic had skewed older in the decades after the launch of Trust), the team conducted qualitative research to understand youth and their needs, including media habits, key influencers, etc. In 2017, the team completed a brand equity study, which provided quantitative data related to category and brand perceptions and practices, which was used to refine the strategy for the second phase of the Kuwa True campaign. We scored this best practice as "good;" the team uncovered important understanding about younger consumers. However, with exception for the audience insight (see next section), the research does not indicate an understanding of the audience's latent attitudes, behaviors, beliefs, and motivations.





Given significant cultural changes between the Truth campaign launch in the early 2000s and the period following the US recession in 2008-2010, the Truth Initiative required a significant re-evaluation of its strategy, starting with the target audience. A multi-disciplinary team, involving social scientists; marketing, communication, and media professionals; and tobacco control practitioners undertook quantitative and qualitative research to understand how best to define the target audience and develop the message strategy. This involved quantitative research (a 20-minute survey among 2 age cohorts (13-17 and 18-34) using panel respondents identified by youth market research firms) and qualitative research (approximately 30 focus groups and interviews). Truth researchers also reviewed national youth tobacco surveillance studies.

	2000 – national Truth Campaign launch	2014 – national Truth Campaign relaunch
Overall attitudes and practices related to smoking	23% of teenagers smoked • Many smoked several packs/ day	 Harmful effects of smoking and manipulative practices of big tobacco were well-known 9% of teenagers smoked Most were light / intermittent smokers Many experimented with tobacco across a broad range of emerging products Tobacco use was declining among 12-14-year-olds but increasing among those aged between 18-21 Smoking prevalence increased as teenagers aged into young adulthood; almost all adult smokers began smoking by age 26.
Target Audience	 12-17-year-olds; "rebellious, high-sensation-seeking teenagers, largely uninformed about the tobacco industry's marketing practices¹" Perceived smoking as a form of rebellion against authority figures 	 15-21-year olds; "Teenagers and young adults did not demonstrate a shared interest in tobacco as a social or personal health issue. This was understandable, given that smoking rates for younger teens at the time had declined and seemed a nonissue. What this audience did have in common was an interest in – and often involvement in – movements for social change.¹" Light / intermittent smokers did not perceive themselves to be smokers; perceive light / intermittent smoking as harmless Believe standing up for something can become a catalyst for positive change; actions are fueled by a positive purpose vs. anger.