

Audience Consultations Overview

Social and behavior change programs always start with listening to the hearts and minds of target audiences. Without knowing what audiences feel, think and believe, it is a challenge to create impactful strategies. However, asking straightforward questions often leads to straightforward lies, as audiences in traditional interview or focus group settings may attempt to role play for the moderator or group to look better or smarter, may want to protect their most intimate fears, or may simply be unaware of how they really feel about an issue, as research suggests that 95% of decisions are based on subconscious motivators and not logic and facts.

Projective Techniques

Researchers have relied on straightforward questions to gather data, but programs based on inaccurate or incomplete responses will not be effective. Projective techniques are questions that have no obvious answer. No one knows the correct answer to questions like “if behavior change were a car, what kind would it be.” Because respondents don’t know the “correct” answer, they project from their truth. This results in rare insights into the deepest desire of the heart, rather than superficial and often untrue data. This also provides program developers fresh and unique insights to inform programming and strategies.

Audience Insights Objectives

The goal of USAID Tulong Afya’s audience insight gathering was to determine the emotional drivers related to priority NAWEZA behaviors, as well as barriers and enablers to taking action. The insight gathering activities aimed to understand the following for target audiences:

- Hopes and dreams for their lives
- Feelings, perceptions, and beliefs about priority NAWEZA behaviors
- Perceptions of “what’s in it for me” to adopt priority NAWEZA behaviors
- Perceptions of health care providers related to the provision of HIV, MNCH, malaria, family planning, and TB information and services

Insight Gathering Process

Facilitators used a variety of session formats to gather insights with NAWEZA target audiences, including individual interviews, dyadic interviews, and group interviews. The structure of the insight gathering sessions was informed by the potential sensitivity of the topics to be discussed. For example, insight gathering with PLHIV was conducted via “best friend” interviews – dyadic interviews with PLHIV and a trusted friend who already knew their status; insight gathering with health providers was conducted via one-on-one interviews to avoid any fear of retaliation or workplace conflict. Districts were purposely selected based on the program’s implementation mandate and through consultation with MOHCDGEC. Sessions were directed by trained facilitators in Kiswahili using audience-specific projective discussion guides. Rapid analysis was informed by in-depth debriefs with program leads after the interviews to tease out key information and insights on emotional drivers. While the traditional approach to analysis is logic based, behavior change is emotion based. To start the analysis in an emotion-based arena, springboard questions were used to gather information from the facilitators about potential underlying emotional drivers of behavior, such as a desire for belonging, control or power, achievement or status, or family values and nurturing. Analysis centered on understanding how health and health behaviors fit into target audiences’ hopes and dreams for their lives and what emotions motivate these goals. Debriefs also identified external barriers to enacting healthy behaviors, what people or groups influence behaviors and decisions, and sources of information that were seen as preferred, trusted, and accessible—as well as those who were not.