

Problems in the Field

Knowing your audience

Audience analysis and audience participation in the field?

Designing a document from a functional perspective means, among other things, making very clear and concise decisions about the goal(s) of the document and the audience the document will be directed to. In this contribution we would like to focus the attention on audience analysis.

When evaluating documents, one is left with the impression that writers and document designers do not always reflect sufficiently on the profile of their audience, if at all, and quite obviously this then leads to problems regarding the effectiveness of the documents. Document design, if understood (as it should) as a special kind of communication or information design, is a social process by its very nature: more than just the writer should be part of the process. Writers, co-writers, colleagues from the institution on behalf of whom the document is being designed, and of course the audience should therefore be part of the process and be allowed to take co-responsibility for the effectiveness of the document.

As it stands, in most cases documents are designed from a very egocentric perspective where the writer takes centre stage, functioning in a rather authoritarian manner within a top-down design process. Audience analysis wants to do exactly the opposite: Making the design process less authoritarian by including the audience in the design process, and therefore taking a bottom-up approach.

In this contribution we would like to refer to two projects within the EPIDASA project, each of which relates in some special way to the issue of audience analysis and participation. The EPIDASA project (Effectiveness of Public Information Documents on HIV/Aids in South Africa) is run by colleagues from six universities, three in South Africa (the Universities of Stellenbosch, Pretoria and South Africa) and three in the Netherlands (the Universities of Nijmegen, Tilburg and Twente). The research projects we refer to were conducted under the supervision of Carel Jansen and Leon de Stadler.

Audience analysis: What is it and why is it so important?

In the first project, Van der Land (2006) demonstrates how participatory audience analysis can influence the design of a document by, as she puts it (Van der Land, 2006:15), “bridging the social gap between the audience and the designer of Aids prevention messages.”

Van der Land defines participatory audience analysis as follows:

“Systematic, frequent contact and collaboration with representative members of the audience, carried out scientifically and driven by theory in order to determine the appropriate content and form of the message” (2006:18)

Engaging in participatory audience analysis is of vital importance since it will help us meet the needs of the audience, both in terms of *what* (content) they need in the message and *how* (form) they would like it presented. It allows us to understand who they are, what values they have, what their attitudes and beliefs regarding a certain issue (for instance, engaging in safe sex practices) might be, how they normally act regarding this particular issue, what their sense of self-efficacy is.

Why refer to it as participatory audience analysis? Van der Land clearly offsets this kind of audience analysis, which is very typically a bottom-up, non-authoritarian way of doing things, against other kinds of audience analysis, which are still within the authoritarian realm of the writer, and still top-down by their very nature. Following Schriver (1997) she refers specifically to the practices of intuitive audience analysis (the writer or designer imagines being in the position of the audience, relying on his or her empathic skills) and classifying audience analysis (the writer or designer conducts literature research and gathers demographic information about the audience).

Van der Land then employs participatory audience analysis within the area HIV/Aids prevention messages, more specifically the use of contraceptives. She engages a group of black youth in South Africa by first interviewing them in a preliminary phase and thereafter by conducting focus group discussion to further extend her data on the audience. The preliminary interviews helped her first of all to understand which research methods would be best suited to gather the data that she needed. It showed, for instance, that questionnaire surveys would not really help much, since the audience does not like to read and they don't function well with English as a second or third language. This led to the decision to use focus groups as a tool for gathering further information. The interviews and focus group discussions helped her to obtain accurate data on the determinants that govern the audience's use of contraceptives, determinants relating to issues such as the social influence of parents and peers, their efficacy to communicate freely with parents and peers, their attitudes toward sex and the use of contraceptives and pregnancies, their sense of self-efficacy, their perceptions of risk, etc. – a truly rich mixture of information that should and would eventually have a determining effect on the design of the documentation addresses the issue of the use of contraceptives.

Lastly, the interaction between the audience and the document designer created a special context where, by means of a bottom-up approach, she could determine the content of the intervention needed.

She demonstrates how the input of the audience can actually influence the design of a document by taking an existing document published by *loveLife*, an organisation which develops different kinds of interventions in the field of HIV/Aids education. She selects a section on contraceptive use from a *loveLife's Lovefacts* brochure after ascertaining that this document was not designed on the basis of extensive audience analysis. Two of the relevant pages are presented here to give an idea of the “look and feel” of the document:

Contraceptives mean pills, injections or objects that help prevent pregnancy. If you have sex without contraceptives, you may have an unwanted pregnancy. Play safe, be confident – you don't need anyone's permission to use them and contraceptives give you the freedom to have fun without fear.

Must I use contraception all the time?

It depends on the method you use:

- Use Condoms whenever you have sex. If you want more sex, use a new one every time. Check out the loveFacts on Condoms for more details.
- The Pill has to be taken every day at the same time. If you forget, it won't work.
- The injection is given every two or three months at the clinic.
- The IUD is put in the womb and works for four to five years.

You're thinking of getting into some loving?

You want sex, but you're wondering about condoms, babies and HIV/AIDS? Let's get the basic low-down on contraceptives. Firstly, guys and girls are responsible for this part of the fun. Most contraceptives are for girls, but guys have to protect themselves too. Read on.

GETTING INTIMATE

We want sex, but no babies. What can we do?

Don't worry, guys and girls can prevent an unwanted pregnancy. The safest way is to get into sexy stuff together without the penis going into, or coming (ejaculating) near the vagina. If you want full sex, you need to find contraception that is healthy for you and your lifestyle. You have a choice of contraceptives suitable for young people.

A barrier method:

- Male and female condoms – Guys, the male condom is your ticket to a great ride.
- The diaphragm or cap (only available from a private doctor).

A hormonal method:

- The Pill.
- The injection. Girls can also get an intrauterine device (IUD or loop) put into the womb, but these are not usually for young people unless it is an emergency.

HOW DO CONTRACEPTIVES WORK?

- Barrier methods stop the guy's sperm from going into the girl's vagina when they have sex.
- Hormonal methods stop a girl's ovaries from making an egg each month. This means that there is no egg, which means no chance of having a baby!

CONTRACEPTIVE CHOICES

Is the injection good for preventing pregnancy?

Yes, as long as you have it regularly. If not, you can get pregnant. You need to come back for a check up every eight to 12 weeks. While on the injection most girls' periods change or stop. Some bleed at odd times. Some girls have headaches, bad moods or weight gain. If you're worried, speak to your health worker. The side effects are worse in the first few months. (Guys be patient as her body gets used to it!)

What about the Pill?

The Pill is very good for preventing pregnancy. Some girls suffer from dizziness, nausea, headaches, mood swings, depression or weight gain. Others feel good, they lose their pimples and their periods become easier. Ask your health worker about one that's right for you.

Remember: If you use the Pill or injection, you are not protected against STIs, HIV or AIDS. Go for double protection and use a condom as well.

CONTRACEPTION

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HOT PASSION

We're talking passion! What is the best for everything?

The male and female condoms are the only contraceptives that will prevent pregnancy and protect you from STIs, including HIV/AIDS. They are 98 percent safe when used properly. The male condom is free at clinics and can be bought at pharmacies and other shops. The female condom is more difficult to get and is usually only available from some clinics.

The male condom is a guy's best insurance

Even if the girl is on other contraception, the condom gives you the power to choose fun without negatives!

We had sex without protection. What must I do?

Having unprotected sex is risky. The girl could be pregnant. If it was less than five days ago, you can use emergency contraception. You can take pills up to three days (72 hours) after unprotected sex, or a health worker can put an IUD into the girl's womb, but hurry – if five days have passed, it's too late. (If you'd like more details, see loveFacts on Emergency Contraception.)

You may also have been infected with HIV. Speak to a health worker as soon as possible or call thethajunction 0800 121 900.

When we do want a baby, will contraception make it difficult?

None of these methods permanently affects fertility, so go for it! You can get pregnant when you stop using condoms. Some girls may take a few months after the Pill or injection and some get pregnant immediately. Contraceptives have no side effects for guys.

You can get pregnant:

- the first time you have sex.
- if you have sex standing up.
- if the guy comes near to the girl's vagina.
- if you wash with vinegar or Dettol after sex.
- if the girl has her period when you have sex.
- if you have sex just before a girl's first menstruation.
- if you have sex once the boy's body has started to produce sperm.

Tips on the Pill

- When you begin, you will not be safe for seven days. Wait or use condoms.
- If you take your Pill up to 12 hours late, take one immediately and the next one at your usual time. This may mean taking two pills on the same day. Take the rest of the pack as usual, one a day.
- If you miss two pills, avoid sex or use condoms until your next period.
- If you forget to take your Pill often, it is not the contraception for you.
- It may not work if you vomit, have diarrhoea or take antibiotics.



The document was designed by staff of loveLife and by other document designers from the United States without any participation by the intended audience. The choice of content and form was made on the basis of a number of national surveys (classifying audience analysis) and the document was pretested after the text was

produced, but in a rather “crash-test” kind of way. The document has a very clearly defined *cool* or *hip* kind of style (“We’re talking passion!”, “Guys, the male condom is your ticket to a great ride”, etc.) in an effort to accommodate the audience.

By using pre-test questions during the focus group discussions relating to aspects such as first impressions, relevance, comprehensibility, appeal and suggestions to improve the text. The results showed a less than ideal response: First impressions tended to be negative, not all the information was considered to be relevant, and although they did appreciate the style of writing and indicated that it facilitated comprehensibility, it became clear during the discussions that not everything was as comprehensible as it should be (for instance, the usage of difficult terms such as *barrier method* and *intrauterine device*). Eventually the audience came up with a number of very specific suggestions for the design of a new, improved document.

Van der Land then asked four representative target audience members, a document designer and a graphical designer to act as a team and redesign the document. The team worked through different phases of design, developing different drafts of the document, and needless to say, they came up with substantial improvements regarding content, content organisation, the use of headings, style, tone, the use of graphics, etc.

Space does not allow us to present all the details, but one of the important suggestions that the participatory audience analysis presented to the team, was that information needs to be much more “visual”. This led to some substantial changes in design, and to demonstrate this we present an example of how risk information was presented as a risk meter (using colour to distinguish the different columns):

Risk of Getting HIV/Aids			
No Risk	Low Risk	Medium Risk	High Risk
<ul style="list-style-type: none"> • No sex (abstain) • Touching your penis or vagina for pleasure (masturbation) • Kissing • Hugging 	<ul style="list-style-type: none"> • Touching your lover's penis or vagina for pleasure (mutual masturbation) 	<ul style="list-style-type: none"> • Oral sex • Vaginal sex with a condom • Anal sex with a condom 	<ul style="list-style-type: none"> • Vaginal sex without a condom • Anal sex without a condom • Sharing razor blades and needles • Sex with multiple partners
So, where do YOU lie on the risk meter?			

Obviously, we need to do much more research on these cases. For instance: The next step would be to test the effectiveness of the different versions of the text with different subgroups within the intend audience. However, Van der Land’s research clearly demonstrates the value of participatory audience analysis within the field of document design.

What happens if we don’t do it?

The risks of the audience not participating in the design process can be huge. To demonstrate this, we would like to refer to a second case within the EPIDASA project.

A number of researchers are working on projects regarding the use of cool or hip style in HIV/Aids documentation and we have some preliminary results suggesting that the use of this kind of language is not as unproblematical as one would think. In some of these projects we are focusing on the use of so-called “cool” Afrikaans, a version of

Afrikaans spoken by young people in South Africa, characterised by the use of slang words and phrases and a lot of English words and phrases (a language mix, if you like). A typical example:

So, ons is op 'n emotional rollercoaster en die beste ding daarvan om vir die eerste keer op 'n rollercoaster te wees, is om te experience hoe jy voel na elke dip, turn en drop! So vat die ride en leer- vind meer uit oor hierdie cool experience.

So, we are on an emotional rollercoaster and the best thing about being on a rollercoaster for the first time, is to experience how you feel after each dip, turn and drop! So, take the ride and learn – find out about this cool experience.

Two researchers, Babs Ligthart (Ligthart 2005) and Anique Laanstra (results still to be published), did research with different groups from the intended audience, differentiating, among other things, between their ages. One group was of a schoolgoing age (13-17 years) while another consisted of university students (18-23 years). They were asked to evaluate different text versions, one with and one without the so-called “cool” style, with reference to appeal, comprehensibility and persuasive power. The text used was one of loveLife’s brochures on life style issues. LoveLife very consciously made a decision to accommodate their audience by addressing them in the language that they typically speak in informal settings. Again, this decision was made without extensive audience analysis, and so a number of questions arise: Does the audience actually like this style, does it draw the necessary attention, does it suite the topic, does it ring true, does it facilitate comprehension, does it facilitate the persuasion process?

Without presenting all the details, here are some of the first results: In the first project with an audience of a schoolgoing age, no main effect was found, that is, the audience did not feel a significant difference between the two text versions. The student group, however, indicate that the use of “cool” style is not the right way to go, since it does not always ring true, it is not implemented correctly and consistently and it does not suite the seriousness of the the topic.

Even though we still need to do a lot of research, the warning signs are clear: It is incredibly dangerous to design documents without the participation of the audience in some way or another.

So why not do it?

When dealing with the kind of research mentioned above, it seems so obvious that one should be employing some form of audience participation, but it is not happening. In most cases institutions and their designers opt for a rather authoritarian, top-down approach which more often than not ignores the possibility of have some input from the intended audience. In most cases it is not because people do not understand the importance of such an option. In most cases the excuse will be that it is too costly and too time-consuming, but then one should offset the time and money saved against the cost of bad document design.

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