



**2020**

**Advisory Report**

Communication Proposal

**Proposed to:** Dr. Senyurek, Care XL and EMI

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#GetConnected,  
School of Communication, Media and Information Technology,  
Rotterdam University of Applied Sciences

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# Preface

Dear Reader,

We are a group of students studying Communication and Media at the Rotterdam University of Applied Science in Rotterdam, the Netherlands, who would like to present to you the advisory report of our project for Care XL that is a medical practice in Afrikaanderwijk, a multicultural neighborhood in the South of Rotterdam.

The main objective of this report is to set up a digital platform called Lymbiq through which people from Afrikaanderwijk will be able to find accessible knowledge about health and well-being issues, and that will motivate them to adopt a healthier lifestyle. Therefore, we conducted comprehensive research on analyzing the current situation in Afrikaanderwijk and the needs and struggles of people living there. Throughout this document, an integrated communication plan of various decisions is described.

We would like to express our gratitude to our project supervisors, Monique Abbenbroek, Karin Satter, and Gulsen Koyuncu for their guidance and support. We would also like to thank our guest lecturers Kübra Kasikçi, Loes van der Wees, Maya Blom, and Lieve van den Boogaard.

Best Regards,

A solid black rectangular redaction box covering the signature of the author.

#GetConnected 2020, RUAS

# Research

This part of the report deals with the research statement of the project and therefore, the main reasons for conducting this study along with findings are concisely described. To gain better insights into a problem, we conducted both primary and secondary research that is described below.

## 1.1 Reasons for the research

Rotterdam South is a dynamic part of the city. People from many different backgrounds and with varying social-economic status call it their home. The multicultural neighborhood brings along some challenges when it comes to self-management of a healthy lifestyle. The residents of Rotterdam South, particularly Afrikaanderwijk, have a lower socioeconomic status, low functional literacy, and lower health skills.

Within this research, we strive to create awareness and knowledge among the residents of Afrikaanderwijk concerning their well-being and a healthy lifestyle. This is expressed through the digital platform called Lymbiq. Through it, people will be able to find accessible knowledge about health issues and it will motivate them to adopt a healthier lifestyle. Social well-being, healthy food, basic health care, and topical interests are the topics that will be of high importance.

## 1.2 Findings

To find out how residents respond to health-related topics and what their preferences are platform wise, both primary and secondary research was conducted.

As part of the field research, a focus group method has been used. The questions asked in the focus group are based on the previously-mentioned topics:

- Social content or social well-being
- Healthy food
- Basic health care and small illnesses
- Topical interests (specific illnesses or questions)

A focus group is a qualitative research method in which one is asked about the perceptions, ideas, and opinions about a particular product, service, concept, or idea of a group of people (Top Scriptie, n.d.). This method has been chosen because, through a focus group, multiple insights emerge in one session. Also, desk research is utilized to gain knowledge about cultures inhabiting Afrikaanderwijk.

To get as close as possible to our target audience without having to go to Afrikaanderwijk, limiting our travels during the COVID-19 crisis, we visited parts of our towns that are comparable to Afrikaanderwijk. We interviewed two people from Buitenhof in Delft, two

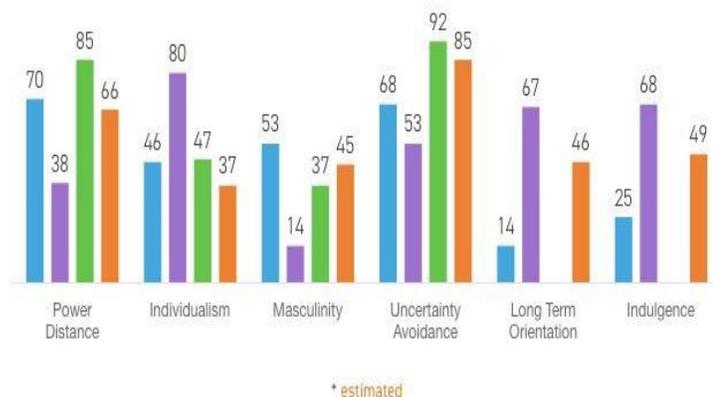
people from de Akkers in Spijkenisse, and two people from Noordwest in Groningen. The interview and their responses can be found in Appendix I and Appendix II.

Both the primary and secondary research shows that the target audience, people living in multicultural and lower socio-economic parts of town, tend to appoint one family member as the caretaker. This doesn't differ in any of the cultures interviewed and looked into. This is in most instances, the mother of the family. In general, a mother is a person who takes care of the vast majority of household chores such as cooking, cleaning, taking care of children, and most likely making any health-related appointments. It is therefore important to focus on that particular segment of the target audience when creating a platform and the content.

Looking at Hofstede's Country Comparison (2020), which was missing the Dutch Antilles and Somalia, we can compare the differences of the Moroccan, Surinam, and Turkish culture as opposed to the Dutch culture. This chart shows that the other cultures are less individualistic, focus a lot less on long term things, and have less indulgence. Indulgence is the extent to which people control their desires and impulses.

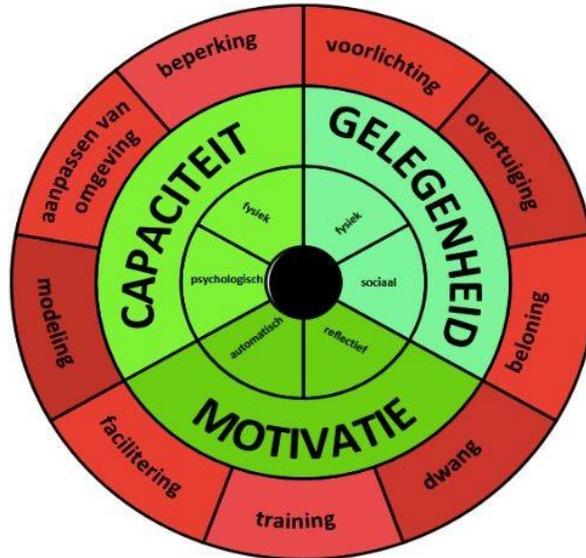


Research also found that most of the cultures in Afrikaanderwijk follow the religion of Islam. Hindustani culture (Huisarts Migrant, 2017), Turkish culture, Moroccan culture (Afrika.nl, n.d.), and Somali culture (CBS News, 2017). The largest culture within Afrikaanderwijk is the Turkish culture (Allecijfers, 2020).



During our conversations with [REDACTED], she told us there are apartment-block WhatsApp groups for women within Afrikaanderwijk in which they talk. Moreover, she stated that the easiest way to reach the people was through WhatsApp. This connects to what [REDACTED] told us about not creating an entirely new platform for these people, as it may be too hard to get them to join.

To explain how we want people's behavior to change by using our prototype for Lymbiq we used the Behavioral Wheel of Change, provided to us by Lieve van den Boogaard:



Three factors influence our behavior:

- Motivation
- Occasion
- Capacity

Within these factors there are sub-categories. They are as follows:

- Motivation: automatic (impulses) and rational (beliefs)
- Occasion: physical occasions and social influences
- Capacity: physical capacity and psychological capacity

What our target audience needs to know more about and some things we want to facilitate are psychological capacity, physical occasion, social occasion, and automatic behaviors.

For each of those, we have the behavior they have now, and our desired behavior is written down.

Category	Current behavior	Desired behavior
Psychological capacity	Don't have the right knowledge about health and a healthy lifestyle	Know where to go when experiencing health problems and live more healthy

Physical occasion	The neighborhood isn't clean, not all homes have internet	All homes have access to internet and people don't throw their food on the street for animals
Social occasion	People get stuck in their cultural norms	People know more about other cultures and habits
Automatic behavior	People have unhealthy habits	People need to unlearn unhealthy habits

Of course, not all of these problems can be fixed by the Lymbiq platform. For example, not everyone has access to the internet. But most of these problems originate in people's lifestyle and culture.

There are nine ways to change these behaviors:

- Limiting (through law)
- More information (education)
- Convince
- Rewarding
- Forcing (by punishment)
- Training
- Facilitate (when possible)
- Change to environment
- Modelling

In the table below we cross out all the ways that could be used for these categories.

Category	Limit	Info	Convince	Rewards	Force	Training	Facilitate	Change
Psychological capacity		x				x	x	
Physical occasion	x				x		x	x

Social occasion		x	x	x			x	
Automatic behavior		x	x	x		x	x	

For psychological capacity, Lymbiq could spread more information, training on healthier living and cooking, and facilitate workshops.

For physical occasions, there isn't much that Lymbiq can do as the trash on the street should be regulated by law. The city of Rotterdam should provide all homes with internet.

For social occasions, Lymbiq could give out information about cultural differences, convince people to talk to each other more within the platform, and facilitate workshops with different cultures. Or give out rewards (coupons for vegetables). The people of the neighborhood, or even Lymbiq, could invite people from different backgrounds to standard cultural places, for example, a Turkish tea house.

Automatic behavior is the hardest to change, but can be changed through knowledge and education, convincing with rewards, training and facilitating (for example, a group grocery store trip), and changing their environment by making them meet new people with other lifestyle habits.

Lymbiq could also start collaborating with places that influence health in Afrikaanderwijk, like supermarkets, local grocery stores, and Horeca.

## Advise

Within this section of the report, our advice is described. It is divided into two categories: health and social well-being.

### Health

To provide accessible knowledge about health issues, we advise the use of the WhatsApp Business app for the residents. The residents will be able to send in any health-related question, and a Lymbiq professional will in turn answer the questions.

The audio-function on Whatsapp can be used to communicate with low-literate people. Whatsapp also allows the residents to video-chat with a Lymbiq professional if needed.

By using the WhatsApp Business App, Dr. Senyurek will be able to quickly connect with his patients and people who may need any health-related assistance and manage multiple questions and requests, featuring helpful information (WhatsApp, 2020).

Residents will receive an invitation by mail or through WhatsApp. This invitation will have all the information necessary to successfully install the WhatsApp group. In case certain residents do not have the mobile skills to join, Lymbiq can learn from, and hand out posters of, the GSMA Mobile Internet Skills Training Toolkit that can be found here: <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2020/09/GSMA-Mobile-Internet-Skills-Training-Toolkit-2020-English.pdf>

### **Social well-being**

To create and stimulate a behavior change, we advise the use of the WhatsApp Business app. In this Whatsapp group, the residents of Afrikaanderwijk can share tips on adopting a healthier lifestyle. The Whatsapp group will have one Lymbiq moderator to ensure that all information that is shared is correct.

By using the WhatsApp Business App, Dr. Senyurek will be able to quickly connect with his patients and people who may need any health-related assistance and manage multiple questions and requests, featuring helpful information (WhatsApp, 2020). We advise using videos, emojis, and voice memos within this chat to make it easily accessible to all. Keep the text to a minimum, as most either don't read well or don't read Dutch at all.

We also advise creating two different Whatsapp group chats: one female and one male. Through research, we found that gender roles and etiquettes within different cultures might withhold someone from sharing something when there is another gender present.

### **Visuals**

Based on the done research, the vast majority of Afrikaanderwijk residents are unable to fluently communicate in Dutch and find it challenging to read texts in Dutch. Encouraged by guest lecturer Maya Blom to do so, we decided to make use of visuals, in particular emojis, to align the platform with the needs and capacities of the visitors.

Certain emoji stay for certain topics that one needs help or assistance with.



- food



- health



or



- social well-being

The emoji choice is negotiable.

As ██████ said, it is important to make important words bold. This is possible on WhatsApp by putting these starts \* around the word. For example: **\*fruit\***.

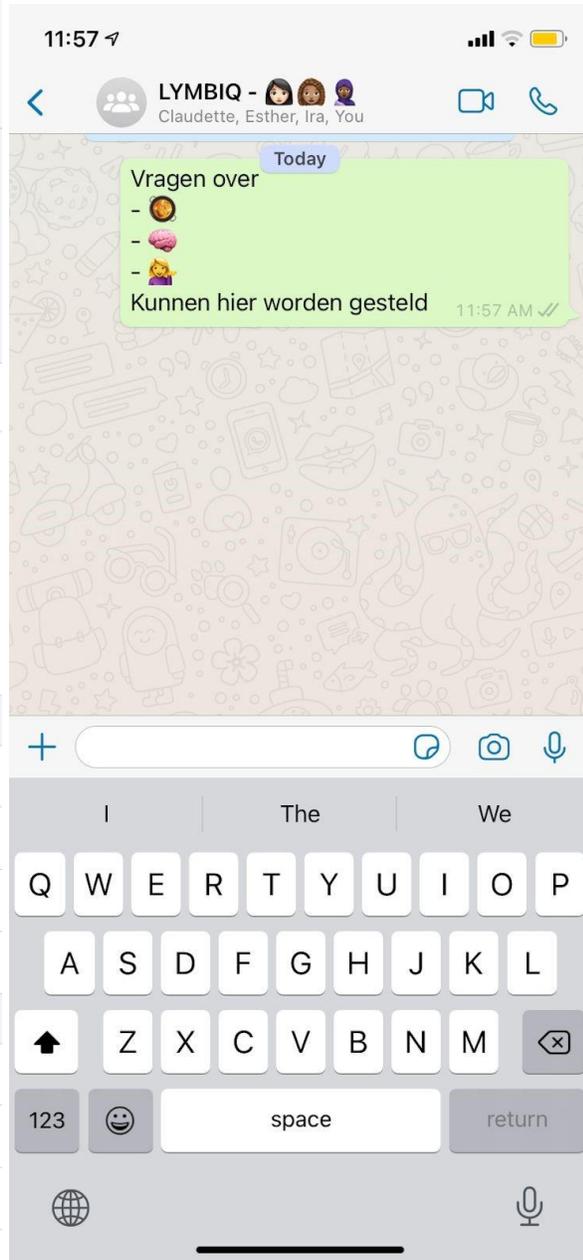
## Communication Voice

Given that we would like to convey warmth, sincerity and appropriate respect for the patient, a friendly and encouraging tone of voice should be established. Speaking and writing in a measured and clear manner will help one to hear and understand what is being asked or said. Slang, jargon, and acronyms should be avoided to prevent misunderstandings from developing. Most text should be written in B1 level Dutch. Speaking will be done slowly.

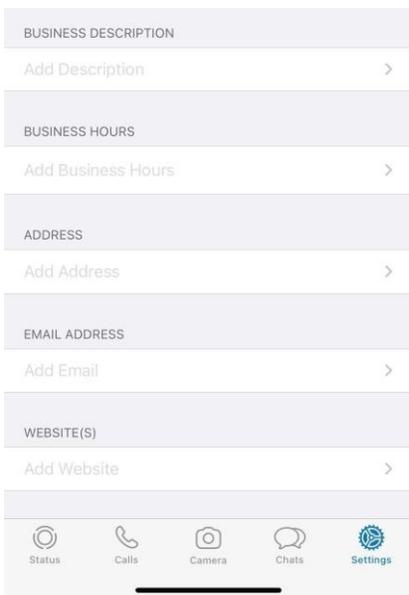
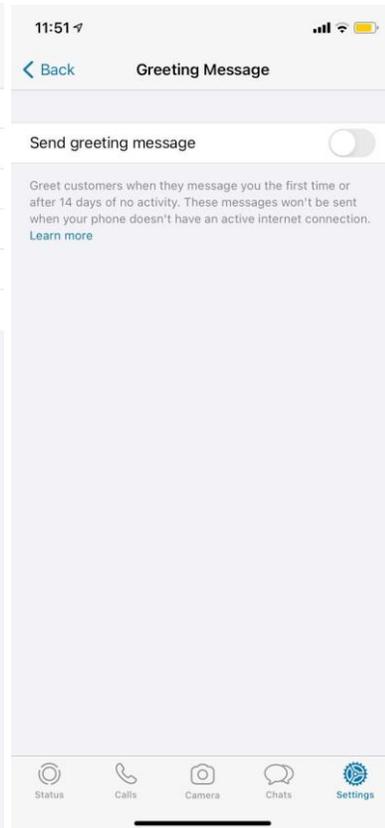
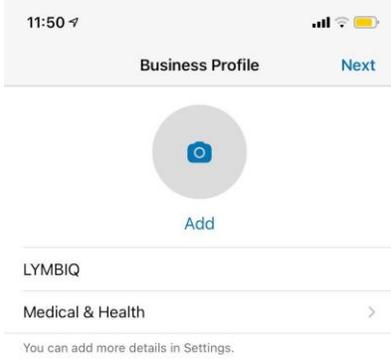
While using this checklist for content for low-literate people: <https://checklisttoegankelijkeinfo.pharos.nl/checklist>, we scored a 52/78. It is due to the fact that some answers did not apply to our platform, as it is on WhatsApp and not completely self-made.

## Final prototype

In Appendix I, our test prototype can be found. After feedback from our respondents, we made certain changes. Presenting our final prototype for Lymbiq:



What a WhatsApp Business Account would look like, and some examples of how to make use of it:



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# Appendix

## Appendix I: Focus group preliminary research

Using a focus group, information has been provided about the needs and desires of the target audience with regards to obtaining health-related information.

### Problem Statement:

Method and technique

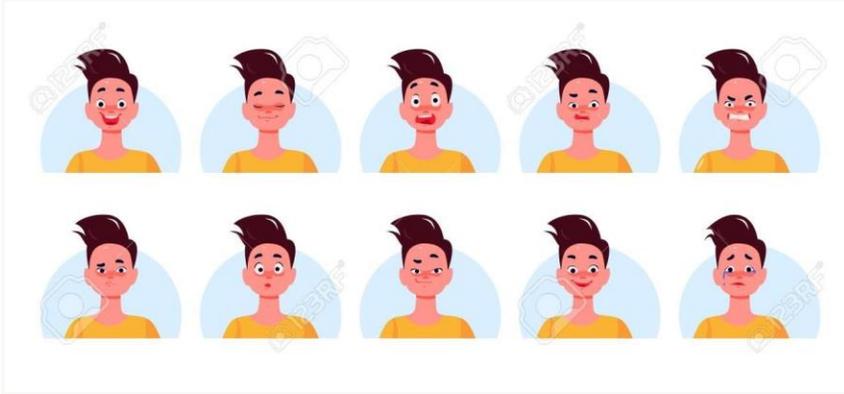
Method	Used
Typical user (lover/hater)	
Fotosort (people/animal sort)	██████████
Value images	
Collage	██████████
Storytelling	██████████
Thought bubbles	██████████
Description of the ideal product/service	██████████

### Question 1

When you have a health-related question, where do you go?

### Question 2

In front of you lies a collage. What emotion fits you when searching for health-related topics? For example, you have a stomach ache and want to know what it could be.



**Question 3**

Imagine this: you want to try out new healthy recipes. Would you rather search the internet for the perfect recipe or would you rather call or text an acquaintance?

**Question 4**

What role do you have in your family and in how far do you influence your family's lifestyle?

**Question 5**

Which language is easiest for you to communicate in?

**Question 6**

Would you join a WhatsApp group in which you could easily communicate with a general practitioner for health or lifestyle-related questions?

**Question 7**

What is your reaction to our prototype?

**Lymbiq**  
English

Hi, in this chat you can ask health questions and ask for advice. You can type your questions via the chat, or speak via the microphone.

Hi! How do I record a message?

There is a microphone at the bottom of the screen. Keep it pressed and record your message. You can release the icon when you have recorded your message, after which the message will be sent.

**Lymbiq**  
Nederlands

Hi, in deze chat kunt u gezondheidsvragen stellen en om advies vragen. U kunt u vragen typen via de chat, of via het microfoonje inspreken.

Hi! Hoe spreek ik een boodschap in?

Onderin het scherm staat een microfoonje. Houd deze ingedrukt en spreek uw boodschap in. U kunt het icoontje loslaten als u uw boodschap heeft ingesproken. Hierna wordt het berichtje verstuurd.

**Lymbiq**  
Türkçe

Merhaba, bu sohbetle sağlık soruları sorabilir ve tavsiye isteyebilirsiniz. Sorularınızı sohbet yoluyla yazabilir veya mikrofon aracılığıyla konuşabilirsiniz.

Selam! Bir mesaj nasıl kaydedirim?

Ekranın altında bir mikrofon var. Basılı tutun ve mesajınızı kaydedin. Mesajınızı kaydettiğinizde simgeyi bırakabilirsiniz, ardından mesaj gönderilecektir.



### **Respondent 1**

45-year-old female  
Originally from Turkey  
Literate



### **Respondent 2**

59-year-old female  
Originally from Suriname  
Literate



### **Respondent 3**

75-year-old female  
Originally from The Netherlands  
Low literate



### **Respondent 4**

35-year-old female  
Originally from Morocco  
Literate



### **Respondent 5**

47-year-old female  
Originally from Suriname  
Literate



### **Respondent 6**

65-year-old male  
Originally from Turkey  
Low literate

## Appendix II: Focus Group records

### Question 1

Respondent 1: *"I discuss it within my family and my female friends. I also look within Turkish Facebook groups."*

Respondent 2: *"I immediately turn to my general practitioner. I pay a lot for my health insurance so I make sure I get my money's worth."*

Respondent 3: *"I ask my children to look up my symptoms on the internet, if they tell me it's serious I go to my general practitioner. I don't do it myself because I only use my phone to call or WhatsApp with my grandchildren."*

Respondent 4: *"I look up my symptoms at thuisarts.nl and usually just wait for them to disappear. If they don't, I go to my general practitioner."*

Respondent 5: *"I discuss it with my female friends, we talk a lot on WhatsApp and Facebook Messenger."*

Respondent 6: *"I don't do anything and just wait for it to go away. I would visit the doctor if it wouldn't go away, but so far I haven't died yet."*

### Question 2

Respondent 1: *"Stressed."*

Respondent 2: *"Confused and lost cause I don't know what's going on with my body and what it can be."*

Respondent 3: *"I usually have a feeling of stress and helpness."*

Respondent 4: *"Nervous."*

Respondent 5: *"I feel worried because I want to know what is the reason I feel so and very puzzled as well."*

Respondent 6: *"Confused."*

### Quotes

Respondent 6: *"I can't really look things up myself, I usually ask someone else or I call my general practitioner's office."*

### **Question 3**

Respondent 1: *Acquaintance*

Respondent 2: *Acquaintance*

Respondent 3: *Acquaintance*

Respondent 4: *The internet*

Respondent 5: *The internet*

Respondent 6: *Acquaintance*

### **Question 4**

Respondent 1: *"I am a married mother of two. I cook and do the groceries."*

Respondent 2: *"I am a divorced mother of one. I switch cooking and doing the groceries with my daughter. She's a vegetarian and I am not."*

Respondent 3: *"I am a widow and a mother of four. I am a grandmother to five. I live alone, so I don't have much influence on their lifestyles."*

Respondent 4: *"I am a married mother of one. I do all the cooking, groceries, everything at my house. When we have guests over I make the snacks."*

Respondent 5: *"I am a married mother of two girls. I cook on business days and my husband cooks on the weekends. He does the grocery shopping, but I make him a list beforehand."*

Respondent 6: *"I am a married father of two. I don't cook or do groceries. I spend the most time with my friends at the tea house instead of at home. My kids are teenagers so they don't need me around that much anymore. And they don't listen to me, so I don't influence them, haha."*

### **Quotes:**

Respondent 2: *"My daughter tries to influence me with eating less meat, but a lot of Suriname dishes have meat in them. I don't think I could cut it out of my diet."*

### **Question 5**

Respondent 1: *“Turkish or Dutch.”*

Respondent 2: *“Sranantongo or Dutch. Doesn’t matter too much.”*

Respondent 3: *“Dutch.”*

Respondent 4: *“Arabic or Dutch.”*

Respondent 5: *“Dutch.”*

Respondent 6: *“Turkish.”*

### **Quotes:**

Respondent 4: *“I was born here but my parents always spoke Arabic at home.”*

### **Question 6**

Respondent 1: *“I would, it seems easy.”*

Respondent 2: *“Yes, that way I don’t have to make appointments anytime I have a mild symptom.”*

Respondent 3: *“I’m not the best at WhatsApp, but if I don’t have to type a lot I would .”*

Respondent 4: *“Yes, it would be more reliable to talk to an actual doctor instead of thuisarts.nl. It would also be easier for me to in-depth describe my symptoms.”*

Respondent 5: *“I would.”*

Respondent 6: *“Maybe, I don’t like getting a lot of messages.”*

### **Quotes:**

Respondent 1: *“I would like a WhatsApp group with only females, I would be more likely to share intimate things if there weren’t any men in the chat.”*

Respondent 5: *“I would be interested in the lifestyle aspect, more than the health aspect. I could use some advice on eating healthy and living healthy without having to go to a dietist or trainer, that’s too expensive for me.”*

Respondent 6: *“Can I turn off the messages? I don’t like it when my phone keeps pinging.”*

### **Question 7**

Respondent 1: *"I like it, I usually don't use voice memos but I could."*

Respondent 2: *"It's good, maybe too much text for low literate people?"*

Respondent 3: *"I might be too old for it, if I were younger I would join."*

Respondent 4: *"Looks like a group-chat with my girl-friends. I'd use it."*

Respondent 5: *"I think it looks good, maybe more symbols would help."*

Respondent 6: *"I don't know if I would join, but I think others would maybe."*