

Julie Ethnography & Interview Report

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Background: The purpose of completing this ethnographic field research was to discover the purchase habits of Julie's target audience in regards to general medicine and health products. My hope was to find what implications these habits might have on purchases related to sexual health products. Ideally, I would also find answers to what extent outside factors influence the purchases of Julie's target audience— things like recommendations from trusted figures, a product being from a name brand versus an alternative, or if the consumer researches products before making their purchase. Up until now, the B-Team has spent the majority of our time figuring out how much the average consumer knows about Julie's product, emergency contraceptive (EC), as well as their perception of Julie as a whole after being shown its mission and advertising methods. Now, though, we are building upon this research by determining if consumers have the potential or propensity to buy Julie in the first place. Is trust in advertising the most important thing, or are these outside factors more influential to them?

Method: I had the pleasure of observing and interviewing a student on Wednesday, September 9th, 2024. The subject, hereby referred to as Subject A, is a female junior at UNC Chapel Hill. As Julie's target audience is primarily college-aged women, I made sure she fit that description before asking her permission to be a subject. We decided to meet at a landmark known as the Old Well at 11:20 AM, before walking roughly 15 minutes to her home, where the observation took place. Finally, we began the study at 11:38 and it lasted 31 minutes. Over the course of our walk to her house, we had general friendly chatter before I ultimately gave her a disclaimer as to what we would be doing. I told Subject A that, during the observation, I would have her walk me through her medicine cabinet and show me everything health related from headache medicine to bandages, as well as her feminine health products and contraception. I also explained that, as she showed me each product, I would ask her various questions such as what it was for, whether she bought it herself, where she bought it, how much it had cost, whether or not the price had played a factor in the purchase, and if it was her preferred brand. When it came to contraception, I asked her whether she had done any research before deciding on the product in addition to the previous questions. Throughout the observation and interview, I took notes on a Google Doc, and, afterward, I made analytic memos to record my own thoughts, connections, and conclusions based on everything I heard and saw from Subject A.

Observations: When I arrived at Subject A's house, I found a large decoration of the letter 'C' completely obscuring the front doorway. Apparently, her roommates were holding onto it for one of their friends. Inside the house, there was a great deal of natural light alongside a nostalgic amount of dust floating in its rays. The hallways were fairly cluttered with bags of cat food and various crafts supplies. As Subject A gave me the grand tour of her home, I found that her two roommates were not present; however, her two cats, fondly named Nadja and Honey, were roaming around and making a friend out of me as their guest. Through our interview, they ran amok, rubbing up against our legs, lapping water out of Subject A's cup, hiding under her bed or under my seat, scratching at closets, etc.—pretty much anything they could do to bring attention to themselves. Despite this, Subject A and I were able to maintain focus throughout the interview. Unexpectedly, the house did not smell of cats; instead, A's house was decorated with scented candles spreading the fragrance of fresh pumpkins typical of the autumnal season.

To start the observation, Subject A showed me each of her general medications. A majority of the products she had in possession were to treat her seasonal allergies. For example, she had both a pack of DayQuil pills and a bottle of the same product, alongside a NyQuil bottle. For each of these, she pointed out that she did not have the opportunity to take into consideration the brand name or price as her mother had bought them for her at Harris Teeter. She did note,

however, that, had she been shopping on her own, she would have searched for cheap alternatives with the same active ingredients. Along with these products, she also had a pack of Laura Lynn Allergy Diphenhydramine tablets, which she named as an Ingles brand. She mentioned that not only was the product exceedingly cheap at less than \$4 for a 24 pack, but she also trusted Ingles' products since she grew up shopping there in Asheville, North Carolina. For these same reasons, Subject A had Costco's Aller-flo nasal spray, an alternative to the typical Flonase. She reported that she could not recall when she purchased the Aller-flo, but that she trusted Costco's products a lot. For decongestion, she owned generic pseudoephedrine hydrochloride, but admittedly could not remember what purpose it served without searching it up online, indicating a lack of use. Through her allergy medication, I observed that Subject A has a preference for generic or alternative brands as opposed to more expensive name-brand products.

For general health, Subject A has a bottle of Nature's Way Alive Women's Gummy Vitamins that she ordered from Amazon. In her sophomore year she took them every day since she was sick often, but now she only takes them as needed. She also owned two bottles of Ibuprofen that she bought her freshman year after having been diagnosed with a torn muscle between her two ribs. This muscle-tear resulted in inflammation in her lungs, so she was recommended by a doctor to take nine pills of Advil per day until the inflammation went down. Reportedly, she purchased Ibuprofen from Target because it was a cheaper alternative to Advil. Unrelatedly, she also had a two-pill packet of Tylenol gifted to her by a woman she met on a flight. For when she wakes up in the middle of the night and cannot fall back asleep, Subject A has a bottle of Melatonin 3mg purchased from Amazon. Due to her father telling her that 1mg and 3mg ultimately have the same effect on a person, she stated she cuts the pills into thirds whenever she takes them. For potential scrapes and cuts, she owns a 20-pack of Band-Aids with a Frozen 2 design, remarking that she was willing to forgo searching for a cheaper alternative since she really liked the design. Furthering this notion, she had a leftover Band-Aid in the box with a Nemo design from a previous purchase. Through these health products, I can see that Subject A is frugal and still has a preference for cheap alternative products so long as they accomplish the same as more expensive name-brands, but is willing to splurge if the advertising is attractive enough.

Finally, Subject A showcased her feminine products and contraception. To start, she presented her tampons and pads. Tampax Pearl was her tampon of choice due to having plastic applicators, which she much preferred to the cardboard ones found in many other brands. I quoted her stating, "The price does not matter to me here because these are so much better." For pads, she enjoyed Always Ultra Thin due to the comfortability of the wings on it. On this product, she declared, "It's a brand I recognize and find reliable," but also divulged that she would sooner buy an alternative to these than for tampons. Following these products, Subject A unveiled her prescription birth control, Lo-Zumandimine, which her gynecologist recommended to her in May of 2024 due to her flaring acne, saying that it would be reduced thanks to the pill's positive progesterone to estrogen ratio. She did not look at any alternatives because, regardless of what she chose, it was free at UNC's Student Store thanks to her insurance. For contraception, Subject A laid out unopened boxes of Trojan BareSkin condoms and ECs Plan B One-Step and My Choice, disclaiming that she was gifted them by her mother freshman year. She also noticed that the Plan B and My Choice had both already expired before she then threw them out. When asked about how she would go about purchasing these products on her own, Subject A claimed that she does not purchase condoms and, instead, uses whatever her partner has; though, if she had to, she would buy Trojan since it's a household name. For EC, she said she would research

the effectiveness of various brands online, look to see if the active ingredients are the same, and buy the cheapest option. This section of Subject A's presentation confirms the running idea that she is very conscious of what she purchases herself in terms of both price and functionality and confidently trusts her own research findings. This is demonstrated through her thorough explanation of why she chose her tampons and pads as well as her level-headed analysis of the process of buying EC. The condoms are an exception to this, however, as it seems she does not believe it to be her own responsibility to make sure they are up to needed standards.

Discussions: Through observing Subject A's presentation of her medicine, feminine health products, and contraceptives, as well as asking follow-up questions throughout, I was able to draw conclusions on the connections between medicinal buying habits, the external factors that lead to them, and the purchase of sexual health products for a member of Julie's target audience. Subject A's decision to get Band-Aids based on the design instead of the price reflected the B-Team's very first theory that appealing advertising would lead people to buy from a brand they are not particularly passionate about. She also fit perfectly into our previous findings that consumers are more open to purchasing brand alternatives after finding out that the active ingredients are the same. She did this by not only consistently buying alternative or generic products instead of the typically trusted name-brands, but also by acknowledging she was aware of the similarities between the two. Finally, Subject A's claim that her research ultimately advises her purchase fits into our findings from our focus groups that the more information a consumer has on a brand, the more comfortable they are with buying its products.

The ethnography method of research presented a unique challenge for me in figuring out the best way to observe someone's habits when it comes to buying EC. Understanding parallel purchase habits presented itself as the best way to accomplish the needed research, but ultimately that also proved difficult without extensive interviewing. Moreover, it was tricky to balance noting subtle observations on top of writing the answers my subject gave. This trial made itself especially obvious with Subject A being incredibly informed and confident, making it difficult to pick up on her potential troubles or misunderstandings. After having hosted focus groups and interviews with others, I actually approached this study with the expectation that she would be rather uninformed about the topic of EC and would be more reliant on brands she had heard of previously; however, she proved me wrong by understanding that functionality and active ingredients are the most distinguishing factors for these products. Furthermore, I had assumed that the brand image of the product would matter a lot more than other factors in influencing a consumer, but Subject A demonstrated that, again, it largely did not matter to her so long as she could comprehend the role of the ingredients. Ultimately, she blew away many of my biases and cleared the doubt that I was beginning to form that a consumer needs absolute trust and security in what they see in advertising before making a purchase.