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EMPATHIZE

Research Synthesis Summary

Seven interviews, three stakeholder sessions, five competitors — clustered into six themes

> Raw sessions clustered into themes worth designing around. The section that matters most is the last one: the six assumptions this research changed, two of which were killed outright.

PROJECT	PHASE	VERSION	PREPARED BY
Organic Life	Phase 0 — Discovery & Research	1.0	Tauseef Abbas

What was done

7	3	5	6
USER INTERVIEWS	STAKEHOLDER SESSIONS	COMPETITORS AUDITED	THEMES SURFACED

Seven semi-structured interviews with Pakistani adults aged 28–65 across Lahore, Islamabad and Abbottabad, mixed Roman Urdu and English-primary. Supplemented by observational analysis of informal WhatsApp health conversations and a structured walkthrough of five competitor platforms.

The driving question was deliberately narrow:

> Do Pakistani adults trust an AI wellness advisor enough to type their health concerns into it — and what does it need to say and look like to earn that trust?
>
> PRIMARY RESEARCH QUESTION

CONFIDENCE AND LIMITATIONS

Founder-led research with network-based recruitment. Seven sessions is enough to surface strong directional patterns and to kill bad assumptions; it is not enough to size anything. Every finding below is qualitative. Nothing here should be read as a statistic.

Theme 1 — Trust is decided before the content is read

Every participant made a credibility judgment before engaging substantively. Nobody read carefully until they had already decided the source was worth reading.

The judgment was made on surface signals: language register, visual restraint, the presence of a named human, and whether the copy sounded like marketing. Accuracy played no part in the initial decision because accuracy was not yet visible.

> **DESIGN CONSEQUENCE**
>
> The first screen's job is not to inform. It is to pass a credibility check that takes under three seconds and is made almost entirely on tone.

Theme 2 — Language is the trust signal, not a preference

Roman Urdu speakers did not describe language as a convenience. They described English-first health content as evidence that the product was not built for them, and therefore probably not accurate about them either.

- Participants consistently searched in Roman Urdu even when comfortable reading English
- A response in the wrong language was described as "not understanding," not "not translated"
- Two participants explicitly said they would not use a tool that asked them to pick a language first

Theme 3 — Everyone had already asked someone unqualified

Without exception, participants had sought health advice from a family WhatsApp group, a neighbour, or a pharmacist before considering a doctor. This is not a knowledge gap — it is a **trust routing behaviour**. The informal source wins because it is familiar, fast, free, and does not make them feel judged.

> **THE COMPETITIVE INSIGHT**
>
> The competitor is not another health app. It is the family WhatsApp group. The product must be as easy to ask as a cousin, and more right.

Theme 4 — The first response is a permanent verdict

Participants formed durable judgments from a single interaction, in both directions. One inappropriate response ended the relationship; one surprisingly good response produced immediate intent to share.

No participant described giving a health tool a second chance after a poor first answer.

PERSONA TYPE	WHAT BREAKS TRUST INSTANTLY	WHAT EARNS IT INSTANTLY
Roman Urdu, moderate literacy	Response arrives in English, or reads clinically	Warm Roman Urdu that acknowledges before advising
English, high research depth	Generic answer that ignores the named concept	Correct Unani framing used without over-explaining
Low tech comfort, proxy-operated	Dense text that cannot be read aloud in one breath	One short recommendation with a clear physical action

Theme 5 — Escalation reads as honesty, not as a sales route

This finding contradicted the stakeholder assumption directly. Participants presented with a scenario where the AI declined to advise and referred them to a named practitioner described it as reassuring — "at least it knows what it doesn't know."

The framing matters entirely. A referral presented as a disclaimer reads as liability protection. The same referral presented as "this deserves expert attention" reads as competence.

Theme 6 — The decision completes off-platform

The purchase decision was never made alone. Participants described screenshotting, forwarding, and asking a relative before acting. WhatsApp is not the checkout — it is the **validation layer**, and the checkout follows validation.

> **RISK SURFACED BY TWO INDEPENDENT SOURCES**
>
> Slow vendor reply on WhatsApp was raised by users as a reason orders get abandoned, and confirmed independently by fulfilment as an operational reality. This is the highest-severity issue found in Phase 0 and it cannot be fixed by interface design.

Symptom language log

Verbatim phrasing collected across sessions, used directly to write the symptom chips and to calibrate Saad's comprehension. Users do not describe symptoms in clinical terms and the input must not expect them to.

USER PHRASING	CLINICAL EQUIVALENT
"Ghutne mein dard hai, subah zyada"	Morning knee pain / stiffness
"Kamar dard"	Lower back pain
"Nahi so pata"	Insomnia / poor sleep
"Thakaan rehti hai"	Persistent fatigue
"Jism tootta hai"	Generalised body ache
"Sar bhaari rehta hai"	Head heaviness / tension
"Pait phoola rehta hai"	Bloating
"Skin bohat dry ho gayi hai"	Dry skin / scalp

What this research changed

ASSUMPTION ENTERING PHASE 0	POSITION AFTER RESEARCH
Users need a language selector	**Killed.** Auto-detection only; a selector is itself a trust failure
Escalation is a monetisation path	**Reframed.** It is the strongest credibility signal available
The user is the person with the symptom	**Corrected.** Frequently a proxy — design for read-aloud
Depth of answer drives trust	**Corrected.** Register drives trust; depth sustains it
WhatsApp is a checkout workaround	**Reframed.** It is the social validation layer and a growth loop
More options help uncertain users	**Killed.** One reasoned recommendation outperforms a list

Carried into Define

1. Problem statement written around trust routing, not information access
2. Sub-3-second first response promoted to a P0 requirement
3. Auto language detection confirmed; no toggle in the first-run experience
4. Escalation copy rewritten as positive framing before any wireframing
5. Symptom chip content taken verbatim from the language log above

6. Vendor response time logged as an operational risk with an owner outside design

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