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Doctor of Business Administration

How the Cynefin Framework from Complex Adaptive Systems Theory and Action
Research can inform Voluntary Medical Male Circumcision Social Marketing
Practice.

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Abstract

This study examines how social marketing for Voluntary Medical Male Circumcision (VMMC) for HIV prevention in Zimbabwe can be improved using the notion of 'emergence'. The research context is that of a community exposed to VMMC promotional campaigns aimed at increasing the uptake of VMMC services.

Promotional strategies were developed by contracted partners and overseen by the government formed VMMC Technical Working Group (TWG). The national strategy aimed for 80% take-up for males aged between 10 and 29 by 2015, but by 2016, only 16% of the target population had been circumcised, mainly the school-going populations. The challenges cited for missing the objectives included low levels of mobilisation in the community, motivation and absence of facilitators in all contexts (NAC, 2017; George et al., 2014; Hankins, Forsyth and Njeuhmeli, 2011).

In my scholar-practitioner role, I engaged as a strategic information adviser in the organisation that advises and supports the government to identify evidence for effective strategic interventions. I engaged with the research by examining how to develop sustainable VMMC promotion and uptake using Social Marketing, informed by theoretical perspectives and practice of social marketing design.

I began by looking into the multiplicity of concepts in the expansive field of promotional campaigns for social marketing. I distilled the theory into two units of analysis; the reductionist approach and complexity system. The research commences with the examination of the already enacted promotion and proceeds through action research cycles.

The objectives are (1) to bring about change and make organisational VMMC promotion design sustainable - informed by 'emergence' in Complex Adaptive System and the Cynefin framework, (2) to understand and articulate how VMMC promotion is being enacted within the selected context, how it has affected belief systems and the consequences of would be recipients' actions, (3) to identify how the communication content of, and medium VMMC for, promotion can be altered to accommodate complex reactions within the context, and (4) to generate actionable knowledge that is relevant for academic and practitioner communities.

I worked with a VMMC technical working group consisting of 6-19 co-researchers, through three action research cycles enacted to implement change process (above), and explore the espoused theories and theory-in-use, which underpin social marketing practice whereby implicit contextual dynamics concepts are made explicit. The proposed actionable knowledge is a reconceptualised promotional design and practice for the organisation to consider. I conclude the research with a reflection of my changed view in designing promotional campaigns.

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CHAPTER ONE: - INTRODUCTION

1.1 Introduction

This introductory part of the thesis focuses on discussions regarding bridging research and practice. The chapter starts with the need to bridge research and practice in influencing communities to adopt a service or product. The product being voluntary medical male circumcision (VMMC) for HIV prevention among men. The chapter provides the rationale on why VMMC is not a prescriptive undertaking. The chapter also provides a summary of organisational issues, purpose, and the objectives of the thesis. The section also provides how recommendations developed for countries adopting VMMC for HIV transmission prevention are provided with guidance to introduce VMMC. Below is a brief description of my role in VMMC promotion as well the behavioural characteristics related to HIV/AIDS transmissions.

1.2 Bridges of Research and Practice

Many organisations and businesses invest large amounts of research resources in enhancing competitiveness or programs to improve the effectiveness of interventions (Tabak et al., 2012). The competitiveness framework is the productivity that entities in a location can achieve and thus can be used to understand the drivers of sustainable progress at a given location (Porter and Ketels, 2004; Ketels et al., 2006). Despite the absence of agreement in the definition of competitiveness, a fraction of these research products on competitiveness translates to practice and policy to improve effectiveness and efficiency in competitiveness (Tabak et al., 2012). Tabak postulates theories and frameworks enhance the dissemination, implementation, and utilisation of research by making the spread of evidence-based interventions more likely (Tabak et al., 2012).

Extant literature presents theories and frameworks as being interchangeable. Furthermore, theories are posited as a systematic way of understanding events or behaviours by representing interrelated concepts, definitions, and propositions that help explain or predict these events or behaviours by mapping relationships between variables (Glanz and Bishop, 2010), emphasising that theories are abstract with broad application and hence not content or context-specific. On the other hand, Green and Kreuter (2005) provide that frameworks are strategic or action-planning models for a systematic way to develop, manage, and evaluate interventions.

Table 1.0: Selected theory definitions

Definition	Source
"A set of interrelated constructs (concepts), definitions, and propositions that present a systematic view of phenomena by specifying relations among variables to explain and predict phenomena."	Kerlinger, 1986, p. 9
"A systematic explanation for the observed facts and laws that relate to an aspect of life."	Babbie, 1989, p. 46
"Knowledge in the form of generalised abstractions applicable to a wide range of experiences."	McGuire, 1983, p. 2
"A set of relatively abstract and general statements collectively purport to explain some aspect of the empirical world."	Chafetz, 1978, p. 2
"An abstract, symbolic representation of what is conceived to be reality—a set of abstract statements designed to "fit" some portion of the real world."	Zimbardo, Ebbesen, and Maslach, 1977, p. 53

It is generally agreed that despite the difference in the definition's contents and views, theories and models often depicted as models enhance the effectiveness of

interventions by helping to focus interventions on the essential processes of behavioural change, which can be pretty complex (Glanz and Bishop, 2010; Glasgow et al., 2009). Examples in public health scenarios indicate that interventions using health behaviour theories and frameworks such as social cognitive theory and planned behaviour theory are more effective than interventions without a theoretical base (Glanz et al., 2017).

Similarly, research demonstrates that the use of theories and frameworks in research implementation or intervention research enhances the interpretability of study findings and ensures that essential implementation strategies are included (Glanz, 2017). Researchers and implementers are encouraged in the same breath to utilise theories and frameworks in carrying out research and practice to benefit both actors. Many studies and approaches have been utilised to investigate and better understand the complex task of disseminating and using ideas across multiple levels of the socio-ecological framework (SEF), with ecology being defined as either the levels of community, organisation, national or individual (Tabak et al., 2010). Among ways in which researchers and practitioners transfer and or develop knowledge in contexts and disciplines include in Action Research, including when doctoral candidates integrate action research in full-time and doctoral thesis for both scholarship and practice (Zuber-Skerritt and Perry, 2002). Action Research will be elaborated later in Chapter 2 and its enactment in Chapter 3.

In business, it is recognised that practitioners operate in a rapidly changing and competitive world, including with high demand for performance hence the need to look for solutions and ideas from other contexts and disciplines to navigate the

challenging landscape (Thuku,2006). In the same breath, the business discipline academic community continues to engage in generating knowledge for sustained intellectual inquiry and development of the discipline (Thuku, 2006). It is against this background that I enrolled in the Doctor of Business Administration (DBA). Doctoral education in Business is rooted in Harvard Business School and was started at around 1922 to generate lecturers for the rapidly increasing number of Business Schools across the United States. In recognising a missing link between practitioners' needs and the requisite knowledge-base among academic staff, DBA programs emerged to develop 'professional practice doctorates', where research into 'real' business and managerial issues through critical review and systematic applications of appropriate theories and research to professional practice could take place (Bourner, Stevens and Bareham,2000).

With those aims in mind, I immersed myself into the DBA program recognising the existence of an opportunity to utilise social marketing in the promotion of Voluntary Medical Male circumcision (VMMC) in Zimbabwe. In Chapter 2, I introduce the theory of Social Marketing as the principal method for increasing and sustaining uptake of VMMC in a community living in the peri-urban area in Harare, Zimbabwe. I tap into extant literature on theories and frameworks for designing social marketing for sustainable promotion and uptake in the context. Sustainable promotion and uptake will be elaborated on in Chapter 2 of this thesis. I introduce in the next section the organisational issue that the research sought to address while the review of literature is covered in Chapter 2.

1.3 The Context and My Role

My position is called 'Senior Strategic Information Advisor', and within this role, I am pivotal to linking the interpretation of data to relevant strategies that address the emerging problems or issues within the communities. My role is to advise the government and other implementers on the process to be implemented in combating HIV/AIDS epidemic within my organisation. This advice is based on the analysis and utilisation of critical strategic information. My organisation strives to promote the implementation of interventions informed by evidence and the interventions that have been tested and found to address the problems identified. We have also seen earlier the current challenges in practice where there are concerns about bridging research and practise using theories and frameworks correctly being part of the solution. I am part of a working group that brainstorms to identify the emerging issues in implementing interventions that include the promotion of VMMC at the community level. When implementing projects, decisions are made on whether or not to collect data to improve our understanding of the context's emerging issue. My role is to identify the data type, formulate the indicators and tools, look for finance needed and to seek any other technical support required to ensure that the information is collected, analysed and utilised to improve the project or the intervention. As you can see, my role is technical, mainly generating and application of knowledge and tools already developed.

For the VMMC programme, my role was initially to advocate and ensure that the government adopts VMMC as one of the interventions for responding to the AIDS

epidemic. As per Tabak et al. (2012) social-ecological framework, the adoption was at the national level. According to NAC (2015), the government of Zimbabwe adopted the intervention following the recommendation from the World Health Organisation (WHO) and the Joint United Nations Program on AIDS (UNAIDS). Upon adoption, my role was to ensure that the government had adequate resources like financial, appropriate trained human resources on circumcision or other partnerships, commodities, strategic information, and products necessary to implement the intervention.

It was also my role to monitor the strategies or interventions used and ensure they were working and making a return on investments. In the case of VMMC, the organisation funded the development of the National VMMC strategy where pillars such as demand generation and advocacy, country implementation and scale-up, costing, budgeting, and financing, as well as implementation monitoring and research, as underpinning pillars.

In my doctoral thesis journey wearing the scholar and practitioner hat, I set out to find and address the challenges associated with the demand generation strategy using social marketing campaigns to promote Voluntary medical male circumcision. I am not evaluating the demand generation project but interested in social change in the communities to adopt and sustainably promote VMMC. I jointly worked with the technical working group (TWG), made up of between 9 to 16 people with TORs that included evidence-informed policy analysis and implementation.

In the TWG for VMMC, the objectives of the research were to (1) bring about change and make organisational VMMC promotion design sustainable informed by the

emergence in the complex adaptive system, and Cynefin framework (2) understand and articulate how VMMC promotion is being enacted within the context and how it has affected belief systems and the consequences of would-be recipients actions (3) identify how VMMC promotion can be altered to accommodate complex reactions to its communication content and medium within this cultural context, and (4) generate actionable knowledge that is relevant for academic and practitioner communities. I am among the experts, but I had limited contact with the implementers in the field and only advised them on appropriate strategies to use. In this research, I engaged with the community and organisation promoting VMMC at the community level. The DBA course has shaped and added utilisation of qualitative information in my strategic information practice. I must confess that it is my first time learning about Social Marketing in this thesis. My background is purely statistical and medical modelling. It is essential, therefore, for me to understand which behaviours to target for change.

1.4 Voluntary Medical Male Circumcision Procedure

Circumcision involves removing some or all of the foreskin (or prepuce) from the penis utilising various techniques (Circumcision, 2012). When done medically, it is through surgery, but other communities use other means or processes that may not include sterilisation or surgery with pain control. There are various ways of carrying out circumcision medically. Circumcision (2012) by the American Paediatric Association indicates is one of the most common procedures in the world known to be performed by health professionals, self-appointed traditional workers, or healers as well as religiously appointed persons like in the case of Jewish and Muslim communities. In the United States, the procedure is commonly performed during the

newborn period, while in other regions, it is performed as part of initiation to adulthood on boys or for religious obligations. In Zimbabwe, circumcision is a new phenomenon both to the community's cultural system and the national HIV/AIDS response system. It was introduced to the communities as part of the Biomedical and Social HIV prevention efforts.

1.5 Benefits of Correct Male Circumcision

There is extensive literature on the benefits of male medical circumcision. Various reviews have also documented the benefits of VMMC that include circumcision (2012), a review report commissioned by the Paediatric Association of America to review the evidence available on the benefits of male circumcision. The benefits as synthesised in the report and include but are not limited to reducing the acquisition of HIV and STIs during heterosexual sex by adult men and, by extension, women. The literature indicates a consistent agreement that male circumcision reduces the acquisition of HIV in heterosexual sex in areas with high HIV prevalence like Africa by 70 %. The evidence is from randomised controlled trials (Ghany et al., 2009; Hatzold et al., 2014). Other studies have also shown that there is benefit from male circumcision that includes low prevalence of human papillomavirus (HPV) infection, herpes simplex virus type-2 (HSV-2), and decreased presence of bacterial vaginosis (BV) in the female partners of circumcised males. Evidence in the literature search shows that there is little association between the status of male circumcision and syphilis, gonorrhoea, and chlamydia group of STI's (Circumcision, 2012).

1.6 Communicating benefits to communities

Individuals, communities, parents, and families are entitled to factually correct, nonbiased information about circumcision. They should receive this information from clinicians before conception or early on in pregnancy for parents making decisions on neonatal boys' circumcision as in the United States of America (Circumcision, 2012). It was recommended by the Paediatric Association of America (2012) that accurate information would need to be provided to communities, families, and individuals to influence decision making by individuals.

Decisions on VMMC may be made by individuals alone or could be through family or community setups depending on the context and should be for the best interest of the person getting the circumcision. Physicians who counsel families about this decision should aid by explaining the potential benefits and risks and ensuring that parents understand that circumcision is an elective procedure, particularly in situations where parents make decisions to circumcise. In my view, this could be a different case when dealing with adults. I believe that the best interests are the reduction of HIV transmission in the community leading to avoidance of the negative impact of HIV on people's health. The United States is different to Zimbabwe and Africa at large, where incomes are low and communities are faced with high levels of HIV and other challenges.

It is recommended that there be the creation, revision, and enhancement of educational materials and strategies that assist the general community with the care

of circumcised and uncircumcised men's sexual organs. It is also recommended that materials be developed to enhance the professional competencies in discussing circumcision's benefits and risks and the strategies for promotion. The review process commissioned by the Paediatric Association demonstrated that in the United States, populations, especially neonates, could be circumcised without policy change.

1.7 Limitations of Health Workers in promoting VMMC

The reasons why decisions to undertake circumcision have not been made clear for different contexts are social, cultural, religious, and familial benefits or harms to be considered in decision-making (Circumcision, 2012; Hatzold et al., 2014). The American Paediatric Association recommends that it is reasonable to take these non-medical benefits and harms into consideration when deciding about circumcision. It means that individuals, communities, and families point in considering non-medical benefits that need to be recognised. These benefits arise from various ways that could include interpretations and observations of efforts to market VMMC and observe those that have been circumcised. Therefore, it is important to discover which mechanisms are needed to support parents, individuals, families, communities, and societies at large in making decisions regarding circumcision. This is the heart of this thesis.

It is understood that the health benefits and risks are weighted by individuals, societies and families and consider their own social, cultural, and personal preferences for VMMC decision making (Circumcision, 2012). The creation of the medical benefit alone might not be more significant for individuals, families, and

communities than any other factor. It has been recognised that health workers have not been trained in their profession to influence the uptake of VMMC (Circumcision, 2012). However, despite other circumcision avenues and practitioners, they all concur male a trained and competent practitioner using sterile techniques and effective pain management, whether medical or community should perform circumcision. There is adequate evidence from the literature that parental decisions about circumcision are shaped more by family and sociocultural influences than by discussion with medical clinicians or by parental education (Circumcision, 2012).

1.8 Settings where VMMC is recommended

The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the organisation I work for, recommended in 2007 that VMMC be part of the comprehensive HIV transmission prevention package in countries with generalised epidemic and low rates of male circumcision (MOHCC, 2014). This recommendation arose from solid scientific evidence demonstrating the role of VMMC in HIV prevention (Reed et al., 2012; Njeuhmeli et al., 2011; Sgaier, Reed and Thomas, 2014; Shi, Li and Dushoff, 2017). Simultaneously, using a mathematical model, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) identified 14 countries in the world that were labelled as VMMC priority countries.

This modelling was carried out because of the potential to significantly reduce the number of HIV transmissions globally if VMMC was implemented and contribute considerably to the 'End AIDS' campaign. Subsequently, Sub Sharan governments, including the Government of Zimbabwe, adopted this recommendation and in 2009

added VMMC as an additional prevention intervention (NAC, 2017). In 2013 Zimbabwe developed an accelerated strategic plan (2014-2018) to guide the voluntary medical male circumcision program's rollout and monitoring. The plan attracted substantial funding and partnership targeting circumcisions of up to 1.3 million young men between the ages of 13 to 29 years by the end of 2017. The conclusion was that if 80 % of males in the target group were circumcised and sustained to 2015, Zimbabwe would have the highest impact of averting new HIV infections with a reduction of HIV prevalence by upwards of 7.3 % compared to other countries (Hatzold et al., 2014).

1.9 The organisational/ Community issue

The problem is that Zimbabwe missed its goal of circumcising 1,200,000 sexually active men to reduce the incidence of HIV by 50% by 2015. The other concern is that circumcisions in the communities do not occur except after intense circumcision campaigns and end when camps end. It is reported that there is no uptake when there are no campaigns. While also even during the campaigns, only children in schools are the ones that are circumcised most, with fewer adults or out of school individuals consuming the circumcision service in the community set up or workplaces (Hatzold et al., 2014). Just 14% of sexually active males between 15 and 49 years of age are circumcised with the 15-19-year-old young group, which constitutes a plurality in the circumcision community, in the most recent household survey (ZDHS 2015-16). By June 2016, when I conceived this study, approximately 640,000 men had been circumcised against a target of 1,200,000 (NAC, 2017). The

reasons cited for objectives being missed include low levels of mobilisation in the community, barriers, motivation, and the absence of facilitators in all contexts (NAC, 2017; George et al., 2014; Hankins, Forsyth and Njeuhmeli, 2011).

1.10 Purpose and Rationale of the Study

For this research, I wear a scholar's hat, and I do not cover technical issues or bolt and nuts of evaluating the VMMC promotion program. I focus on exploring how social marketing would be enacted as a change initiative through system change interventions in action research to address sustainable promotion and uptake. I also intend to establish that the problem is 'wicked' according to that term's definitions. I explore the literature on theoretical perspectives on the social marketing practice to inform my research to create sustainable promotion and uptake. I work to uncover how to best utilise social marketing for sustainable promotion of VMMC services in a community already sensitised to VMMC promotion and observing other community members that have consumed the service. This expert can assist in the design and implementation of VMMC promotion to ensure sustainable uptake.

This research is of strategic importance to my organisation; it is worthwhile from the perspective of government, the partnership forum where the technical working for VMMC program is drawn. The context community utilises the service. The leadership in the community where the promotion is being undertaken aim at ensuring that the community is protected from HIV/AIDS pandemic. It was also worthwhile from social marketing scholars' perspective and in general management scholars.

It is not my intention to establish theory or universal knowledge for use in a general sense. The study aims to contribute to practice by providing strategies that encourage and use VMMC services to enable continuity in uptake and promotion as an efficient and sustainable demand structure.

1.11 The HIV/AIDS Situation

Globally, 36.9 million people were living with HIV, and of those by 2017, 21.7 million were on antiretroviral therapy (ART). 1.8 million People became newly infected in that year alone (UNAIDS, 2018). It was estimated that 1.3 million people were infected with HIV, and just slightly over a million receiving antiretroviral therapy (MoHCC, 2014). It is estimated that about 31,000 new infections occur among adults annually. HIV behavioural risk factors have generally not improved in Zimbabwe, with some risky behaviours increasing. The Demographic and Health Survey of 2015/16 shows that the age of sexual debut has remained constant for the past ten years. 20% of young men below the age of 18 partake in sex, while among women, it has remained at about 40%. In 2015, the overall prevalence of multiple sexual partnerships (MSP) among sexually active individuals (those who had had sex in the last 12 months) was 10%, but this figure varies markedly by gender (21% in men and 2% in women). In 2005, 12% of sexually active men aged 25 to 49 years reported having more than one sexual partner in the past 12 months. This figure increased to 19% in 2015.

Although gradually increasing since 2005, widespread condom use among sexually active individuals is still low. For example, only 38% of individuals who reported

Multiple Sexual Partnership used a condom at last sex: 48% women and 37% in men. Despite programme efforts and the increasing number of men circumcised, the data from the previous three surveys showed low levels of circumcision in Zimbabwe. In 2015, only 14% of men aged 15 to 49 years were circumcised. This figure was split into 17% in younger men aged 15 to 29 years and 11% in older men 30 to 49. STIs have declined significantly across all age groups and genders in the past ten years in Zimbabwe. In 2015, 2.6% of sexually active men and 2.3% of sexually active women reported having an STI in the last 12 months, an indicator of high-risk sexual behaviour. Knowledge regarding abstinence, antiretroviral treatment (ART), Pre-exposure prophylaxis (a form of ART (PreP) to be taken by high-risk individuals when anticipating sexual contacts with persons who they don't know their status and likelihood of protected sex) is low. VMMC is considered the most cost-effective and lifelong intervention to prevent HIV acquisition among men (UNAIDS, 2018).

Since VMMC provides partial protection of up to 70 % in female to male infection, it becomes imperative that sustainable uptake of VMMC needs to be realised through sustainable promotion. There is a need to institutionalise uptake in the community. For achievement of this, the promotional strategy must inculcate these factors into community, family, individuals, and organisations and ensure that individuals are influenced or nudged into accepting VMMC. It remains to be uncovered what the context representation is currently after the various promotions and utilisation by some individuals. VMMC has increased the prevalence of circumcision from 9% in 2009 to 14 % in 2016 (ZDHS, 2015). Later in the thesis, it will become clear why the current terrain is vital in considering strategies to use in marketing VMMC socially.

This chapter has identified and introduced VMMC from the literature and explained its benefits to individuals and society. Throughout the thesis, I examine the medical benefits to individuals and their partners, together with other general benefits that accompany male circumcision beyond health, including social, religious and familial benefits, among others. It is therefore imperative that in this research, the accompanying concepts and constructs that cover individual, interpersonal, group/team and organisational/community/ societal influence to adopt or not adopt male circumcision be considered. Male circumcision is more than a medical process that is just prescribed. Uptake will be influenced by many factors that include medical and social, traditional, and religious, among others. Other factors related to specific outcomes include service delivery behaviours, with and without the constraints of social or political structures.

Therefore, it is essential to understand that the problem relating to the uptake of male circumcision is not only from a health perspective and encompasses many other dimensions. This is my fundamental assumption and that various forces play a role in getting individuals influenced to consume this service. It is more of a community change problem, especially in the case of Zimbabwe. A further assumption is that the focus on the individual alone in motivation, facilitation and removal of barriers is not enough to improve uptake. Specific ways of promoting VMMC need to change to synergise in a coherent way for sustainable uptake. For now, I cannot pinpoint which theory/model or concept is applicable or whether none can foster high natural demand that is sustainable. The next chapter focuses on theories and frameworks used to design social marketing, focusing at various levels in the Tabak et al. (2012) socio-ecological framework.

CHAPTER TWO: - LITERATURE REVIEW

2.1 Introduction

The literature review starts with a review of social marketing's meaning and development in addressing individual, community, and organisational challenges. It includes definitions and developments of social marketing knowledge and practice. Literature moves through theories and frameworks that have been used in translating knowledge to practice in social marketing. They include the use of theories and frameworks that focus on individuals, ecological determinants, and the notion of complexity involving mixing to address various levels of complexities in a dynamic socio-ecological framework.

The literature highlights the concepts and constructs inherent in the theories or models. This literature strand should help formulate the investigation to help identify what promotional strategies are effective in the context. It also shows that Action Research is an excellent candidate to test actions or strategies believed by the stakeholders in the context as a plausible solution. The following sections cover definitions, theories, and processes showing how the literature will help achieve the study's objectives.

2.2 Social Marketing: meaning and its development

The earlier definition of social marketing dates to 1971 and is linked to Kotler and Roberto (1989). They defined social marketing as a social influence technology that involves the design, implementation and control of programs that aims at increasing

the acceptability of a social idea or practice in one or more group of adopters.

Andreasen (1994) incorporated commercial practice and behaviour adoption (see: Rothschild, 1999) took the economic perspective in the definition with the use of the economic theory of value exchange with a simple position as just a mutual fulfilment of self-interest between a consumer and a supplier using a voluntary exchange. Others look at social marketing as about the process of influencing or exercising moral power over the change in individual behaviour ((De Long, 1997; Davenport and Prusak, 1998; Nolan and Varey, 2014).

Nolan and Varey (2014) have taken social marketing from a behavioural change-programming point of view involving management of short-term or long-term behaviour change towards the wellbeing in terms of quality of life at the individual, group, or society. Other views look at social marketing from its effect on the macro-level and posit that it consists of influencing policy-making and political directives with target audience (Gordon et al., 2006) to improve society's wellbeing. This statement captures the essentials of the definition: *'Social marketing is a process that applies marketing principles and techniques to create, communicate and deliver value to influence target audience behavior's, that benefit society (public health, safety, the environment and communities) as well as the target audience'* (Kotler and Lee, 2008, p. 6).

We have seen the various similarities and differences in the definition currently assigned to social marketing and the disciplines that inform these definitions. Many

of these definitions carry the fact that social marketing results are for the betterment of the community and not the organisation's profit or expansion (Rothschild, 2012; Nolan and Varey, 2014; Andreasen, 1994; Peattie and Peattie, 2012; Kotler and Roberto, 1989; Gordon et al., 2006). Apart from this similarity, the main differences in the assignment of the definition include discipline. Peattie, Peattie, and Thomas (2012) lean more on the scientific perspective of social influence technology. Andreasen (1994) emphasise the commercial marketing approach, Nolan and Varey (2014) prefer the psychological and behavioural programming approach, and Rothschild (1999) uses the economic angle with value exchange all to influence individuals and communities to adopt behaviours that benefit them through social change. The definition have been influenced by disciplines and time but not explicitly context dynamicity.

I, therefore, prefer to work with the thoughts of these authors because it brings out opportunities into the context where VMMC implemented with traditional roles and responsibilities. Their views resonate well with the definition sourced from International social marketing associations that *"Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behavior's that benefit individuals and communities for the greater social good. Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable"* (Venturini, 2016, Pg.1192). The definition carries the most important social marketing principles of composing a problem, citizen-centric, behavioural focus, theoretical base, value exchange, integrated activities, ongoing

research, and collaboration. Despite this great definition, studies focusing on achieving sustainability of adopted behaviour and systems changes through social marketing are not available and, when available, are still conceptual or theoretical.

Apart from Andreasen (2002), 'genuine' social marketing interventions' essential benchmarks include behaviour change, consumer research, segmentation and targeting, marketing mix, exchange, and analysis of the competing forces. Many other frameworks of social research emphasise the two most important properties of social marketing. That of creating a benefit to individuals then society as a whole and the understanding of the individuals or community to enable appropriate designing of social marketing frameworks and not focusing on an organisation's profit or survival (Kotler and Lee, 2008; Kubacki and Rundle-Thiele, 2015).

2.3 Defining Sustainability and Its Constructs

Defining sustainability has been laden with challenges. Most implementation studies do not define sustainability, even when assessing sustainability (Allen and Thomas, 1994; Schenirer,2005; Moore et al., 2017; Stirman et al., 2012). The literature on sustainability remains theoretical, with little guidance on sustaining programs (or the clinical intervention) delivery, implementation strategies, and outcomes (Moore et al., 2017). The foundational challenges of sustainability are the lack of a standard definition for the term and the varieties of synonyms used in the literature (Moore et al., 2017). I originally defined sustainability as the "continuity of a program in a community beyond the life of the externally supported time". The various synonyms and multiple definitions mean that its meaning is dependent on the researcher. It is

against this background that I later adopted a different definition more suitable for evaluating the subject and its setting. Moreover, the use of different terminology presents challenges in finding the literature on sustainability, which in turn hamper researchers' ability to grow this science while avoiding duplication of efforts and evaluate outcomes of interventions.

There are views that sustainability is not an absolute and independent concept but ingrained in human conceptual frameworks and contexts where decisions are on what type of system is to be sustained together with spatiotemporal frameworks for communication or management action (Allen and Thomas, 1994). The complexity is the researcher's perspectives, context, systems, and purpose of either communication or management action. There are thoughts also that sustaining at one scale may deny sustainability; hence trade-offs are possible. One proposition that is already in tandem with my thinking is that by Moore et al. (2017), which emphasise the importance of working with natural processes, especially not of a perfect system to accommodate new structures and patterns that are far from equilibrium. This thesis will demonstrate that human interactions may be cornerstones where sustainability imperatives in promoting services or goods could be situated. It is also evident that there is a near absence of studies focusing primarily on the sustainability of complex service innovations (NICE, 2016; USPSTF, 2016; CTFHC, 2016). On the other hand, there is a promotion on the use of complex innovations for sustainability. More literature is focused on disseminating evidence-based guidelines, inventory of evidence and reviews on the effectiveness of interventions strategies without exploiting the definition of sustainability hence contributing to multiple positions on the definitions of sustainability.

It is also critical to define sustainability to enable research on the specific type of sustainability (Moore et al., 2017). Understanding sustainability is one of the significances in implementing science challenges (Moore et al., 2017). It is essential to sustain the momentum of evidence and the ensuing outcomes to start from a proper definition of sustainability that is generalizable to achieve lasting effects on health and the environment. Without a standard, widely accepted definition, it is unclear how researchers would operationalise and measure sustainability during this absence. The most significant problem currently understands how to address sustainability issues as one of the most significant translational research problems of our time (Proctor et al., 2015). Therefore, most disciplines are currently defining sustainability differently. Despite this, many disciplines have been struggling to define sustainability. These definitional challenges have arisen because multiple disciplines (e.g., medicine, environmental systems, health systems, child welfare, prevention science, education, justice, and juvenile justice) address similar problems. One explanation for the lack of referenced definitions could be that sustainability can refer to the sustained delivery of a clinical intervention or individual changes in behaviour and can occur at multiple levels. I, therefore, looked at the various definitions for this research.

The definition of sustainability here is adopted from the various already in place. My study aimed to obtain a working definition and the associated constructs, follow their development and use them in researching and evaluating my current research on sustaining VMMC promotion. I, therefore, obtained commonly used definitions and other alternative terms for sustainability. They include maintenance, continuation,

institutionalisation, routinisation, and durability (Stirman et al., 2012; Tricco et al. 2015 and Scheirer, 2013). As mentioned, the inadequate referenced definition is caused by, among others, the fact that sustainability can refer to processes and outcomes at various levels of socio-ecological framework individually or concurrently, such as customers, implementer, organisation, community, or system. The definitions summarised by Moore et al. (2017) include as provided in Table 2.1 below.

Table 2.1: Various definitions of sustainability of organisation and community innovations/interventions

<ol style="list-style-type: none"> 1. Sustainability of organisational innovations can be thought of as the point at which new ways of working become the norm and the underlying systems and ways of working become transformed in support." 2. The simplest definition of sustainability is the 'capability of being maintained at a certain rate or level'. 3. (Moore et al., 2017). The term 'sustainment' denotes the continued use of innovation in practice 4. , whether and to what extent the core elements (the elements most closely associated with desired health benefits) are maintained and 5. the extent to which desired health benefits are maintained and improved upon over time after initial funding or supports have been withdrawn <p>Moore et al. (2017).</p>
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The core elements are innovation or intervention becoming a norm in a setup, existence and use of internal capacity to continue implementing the intervention and

continued benefits of the innovation or the intervention continuing over time. It has, therefore, elements of change or mutation of systems arising from adopted or implemented strategies.

Moore et al. (2017) give examples of this as adaptations that integrate and institutionalise intervention within the local context. Accordingly, sustainability is a game of dynamicity (change over time) and a conducive environment for incorporated innovations in the system. I adopt Moore et al. (2017) comprehensive definition of sustainability as one that includes the constructs of (i) after a pre-defined period, (ii) strategy or intervention continue to be maintained, (iii) individual behaviour changes continue, (iv) individual behaviour changes or program behaviour change may evolve or adapt, and (v) the intended benefits at individual or system-level continue to be realised. Using Moore et al.'s definition and using social marketing for VMMC, I discovered how the promotion could meet all the five constructs of Moore et al. (2017) sustainability definition imperatives. While on the other hand, we are looking at the sustainability of a program delivered through social marketing. Can social marketing deliver sustainability, and how can it be designed to achieve sustainability?

In addition to Venturini's (2016) four sustainability measures (effective, efficient, equitable and sustainable), I propose that it include maintenance using the local resources where possible.

How can social marketing be designed to achieve sustainability? The windows of opportunity provided by Venturini mean that it is essential to review the various ways Social Marketing is being designed to see if they meet the criteria of sustainability

and its ability to deliver benefits at individual and community levels. How then can we evaluate whether sustainability is there or not?

To evaluate, I will lean on the thoughts of Scheirer and Dearing (2011). Here I will not dwell deep into how Scheirer and Dearing (2011) framed how to evaluate sustainability. They started that sustainability involves a situation where there is the continued use of programme components and activities for the continued achievement of desirable program and population outcomes (Scheirer and Dearing, 2011, pg. 2060). In their view, the continued absence of prior definitions has led researchers on sustainability to develop their definitions and variables and to include methods of data collection and analysis. They have provided the criteria that can easily predict the occurrence of sustainability as the agreement, compatibility, convergence or alignment of (i) problem recognition in the community or the external organisational environment and (ii) program in question (iii) internal organisation objectives and capacities. Accordingly, it requires an orientation of a multilevel system program implemented by individuals and embedded in an organisation that operates within a community context or inter-organisational network over time (Schensul, 2009). It is, therefore, imperative that sustainability measurements take into consideration these layers of data collection so that they can capture the components involved in the continuation. Scheirer and Dearing (2011) suggested that the suggested dependent and independent variables provide practical considerations when planning and evaluating sustainability. They include six dependent variables and three independent variables, as summarised in the table below.

Table 2.2: Various variable definition associated with planning and evaluating sustainability

Independent Variables	Dependent variables
<ul style="list-style-type: none"> - Intervention with the characteristic of being flexible, inexpensive and is supported as effective. - Existence of factors in the organisation setting with a good fit between intervention and the host organisation procedures and mission, presence of internal champions to keep advocacy alive, presence of leadership and capacity in the organisation and belief by key staff as the intervention is beneficial - Community environment factors in the intervention site that include (i) existence of partnership (ii) reliable funding outside the initial funding. 	<ul style="list-style-type: none"> - Continuous benefits at outcome level for consumers or clients. - Continuing program activities or components of the original intervention. - Maintaining community-level partnerships or coalition developed during the funded program. - Maintaining new organisation practices, procedures and policies that were started during the program implementation. - Existence of attention to the problem or issue - Diffusion and replication in other locations

The purpose of settling on the definition and variables was to ensure that there would be an agreed yardstick to use in the process when later looking at designing and evaluating sustainability. For now, we have a working definition, variables to look at when designing, and evaluating sustainability in social marketing interventions. I will look at what strategies and theories are in use to promote services at the community level.

2.4 Social Marketing and Community-Participation.

Peattie, Peattie and Newcombe (2016) have detailed how Social Marketing's influence has progressively extended beyond health benefits and into other preventive and promotive interventions to include: safety and injury prevention, seat

belt use, tackling anti-social behaviour like arson, tackling domestic violence, environmental issues that include recycling, energy-saving or car-sharing, and social/community issues such as adult literacy or voter participation. Social Marketing has also increasingly extended beyond addressing individuals' behaviour to consider community-based participatory research's social and community context (Dibb, 2014). McKenzie-Mohr (2000) provides a concept of 'Community-Based Social Marketing,' which he proclaims is a pragmatic approach to social change within specific geographic communities, emphasising direct contact with community members. Earlier it was posited that social marketing uses processes and tools borrowed from commercial marketing to pursue shared goals by developing behavioural change interventions aimed at a specific target audience. In my view, the concept here gives room to the application of social marketing to any change that is intended in the community but ignores the organisational change aspect not unless it is assumed that community change implicitly involves community system or organisational change.

In a development that echoes the broader debate about the applicability of commercial marketing approaches to the public sector, some commentators have argued that social marketing increasingly needs to develop its own distinctive identity, vocabulary and toolkit that services the special intentions of social marketing (Peattie and Peattie, 2003; Nolan and Varey, 2014). The public service context is also essential to this debate since some behaviour change contexts may strongly resemble commercial marketing more than others. Another contrast provided by Peattie and Peattie (2012) is that social marketers seeking to promote the use of adoption services or reduce domestic violence may find, by contrast, that the

vocabulary of words and ideas from commercial marketing is less easily applicable. Despite this irony, I believe that the distinguishing factor is what is marketed or the picture painted, how it is painted and utilises the existing context to make the desired impact on the community. For example, in marketing a service, which words, representation or actions work best for a given context.

Other examples of social marketing interventions include engaging an audience of existing customers in an active dialogue, speaking to the needs and wants of this customer group to identify their uptake capital gap instead of focusing on generating the next transaction (Kaplan and Heinlein, 2008). Community marketing promotes greater loyalty and higher engagement levels within an existing brand community hence a sustainable imperative. Therefore, identification of the social capital to uptake may be the key to sustainable uptake. Other avenues touted are also the inclusion of law. Can creating a law enforce rights in the community motivate uptake and replace or contribute to social marketing.

2.5 Legislation for rights and Sustainable Service Utilisation.

One of the questions posed by my supervisor while reviewing my draft was can rights be a motivator or catalyst to the utilisation of services, or can it be a facilitator of service utilisation? I thought this is an important question and felt that I would like to educate myself and explore its possible use in social marketing. I, therefore, indulged in a literature review about it. I looked through what are rights? What is a motivator? What is a facilitator? I found out that I needed to define motivation before progressing to answering this question. According to Simon (1967), motivation is

tight control of attention towards achieving an organised goal hierarchy with clarity when a goal has been realised. According to Simon (1967), the goal is an external phenomenon that needs to transform into something such as being a circumcised man or a village with a 100% circumcision rate. Now consider that rights are externalised. Chew and Vinestock (2012) contrast the differences between those mandatory services which Public Service Organisations PSOs must provide by law and discretionary services they provide in response to other stakeholder requirements. Given that the term 'marketing' can vary and that the public sector is not one homogenous lump (Laing,2003; Madill,1998; McLaughlin et al., 2009), utilisation would require a transformation of the beneficiary to need the service more than being externally compelled. It remains thus a complex issue with no head or tail but mostly circumstantial in my view.

Rights are prescribed by law to be provided to and to allow individuals room to utilise their will to consume (Komesar, 2001). Komesar (2001) says that the essence of law does not lie in divided rules or values but the character with holistic processes, interpretations and enforcement. He further eschews that this leads to an interaction that causes demand and supply for law use. He further intimates that since the law is a product of court processes with limits and trade-offs, the procedures have a cost of participation and reduced access to information and services. Chew and Vinestock (2012) contrast mandatory services which Public Service Organisations (PSO) must provide by law with discretionary services provided in response to other stakeholder requirements. They indicate that differences may be framed as the degree of cost/benefit utility of the service, the extent of contact between service providers and users, or the payment-receipt linkage (indicating the extent to which

those who receive public services make a direct financial contribution to their costs).

The two viewpoints above are from the legal and business perspective.

Both perspectives agree that creating the law through whatever process that creates supply and possibly demand does not necessarily translate to motivation for service utilisation but other potent mediators from personal factors. The cost element of the value received still come into play. So how should demand for service provided by public service organisation be promoted? Can social marketing contribute to public service organisation services that are discretionary, and what is the organisation's benefit when they take a marketing orientation? What law may overcome the utilisation while at the same time keeping rights in all aspects? These questions look difficult and may be food for thought for another day. This thesis focuses on utilising social marketing intervention to ensure that a non-circumcising community increases the uptake and sustains the uptake of voluntary medical male circumcision.

Synthesising the literature above, availability of service and law does not translate to utilisation because of the cost of utilisation to a consumer in various aspects.

2.6 Social Marketing and Voluntary Medical Male Circumcision

Peattie, Peattie and Newcombe (2016) have detailed how Social Marketing's influence has progressively extended beyond health. Other preventive and promotion interventions include safety and injury, seat belt use, arson, domestic violence, environmental issues that include recycling, energy-saving or car-sharing and social/community issues such as adult literacy or voter participation. There are

notable reviews that include that by Onya (2007) on Health Promotion in South Africa going back to the 1990s.

According to Gonya (2007), there is limited health promotion and research in South Africa. Despite these challenges, Health promotion has found a home in government departments, political manifestos and attracting funding from the national treasury in South Africa (Orya, 2007). Other challenges include health promotion infrastructure, trained specialists in advising politicians on the relationship between health and social determinants, and the evidence of the effectiveness of health promotion action. It further concludes that there is a lack of a mechanism for demonstrating health promotion education and the training needed to impact health, social, economic, and politically. VMMC is situated in HIV/AIDS units in Zimbabwe under the Department of Prevention, with most of its funding coming from external sources. It is here that Social marketing for VMMC is situated.

I am attracted to the point made by Gordon et al. (2006) and Gonya (2007) that the effectiveness of social marketing intervention for health provides a promising framework towards making better the communities healthy at the individual level and environmental and policy levels. They both raise concern in the implementation and research in social marketing, citing a lack of conceptual understanding or frameworks as a valid reason for achieving the power of social marketing or social good through public awareness and behaviour change interventions (Gordon et al. 2006; Gonya,2007). These reviews indicate the absence of adequate use of research in practice. I would, therefore, like to look at what theories and frameworks have been using in social marketing for promoting health.

2.7 Models and Theories in the design of Social Marketing Interventions or Actions.

'Theories or models are Bridges or active ingredients between one study to another as well as best informers to practice' (Bhattacharyya *et al.*, 2006; Ganz, Rimer and Viswanath, 2008; Fishbein and Yzer, 2003)

Interventions informed by well-developed and tested theories are more effective across the disciplines and practices. Several reviews have compared interventions developed using theories and existing models to developed without formal theoretical or conceptual frameworks. Individuals are the units of social mobilisation theory, research, and practice in general and other interventions that include groups, organisations, worksites, communities, or larger units composed of individuals.

However, in general, behaviour change professionals or interventionists could involve social educators, facilitators, motivators, physicians, psychologists, dieticians, nurses, among others, focusing all or most of their efforts on changing individuals or groups' social behaviour. It is, therefore, important for effective interventions to ensure that there is an informed judgment on how to measure the success of such interventions. Practitioners should understand the role of individuals in social behaviour change. Accordingly, some theories focus on individual behaviour to change in the subsection that includes their constructs and concepts. As earlier indicated, combining the hypothesis that focuses on the other interventions has become the norm. According to Levy (1975), many researchers and practitioners are concerned with how individuals decide to act. The most common theories for these include those focusing on motivations, barriers, empowerment and facilitators for behaviour change. Among these theories are:

- (i) Theory of Reasoned Action.
- (ii) Theory of Planned Behaviour.
- (iii) Transtheoretical Model.
- (iv) Stages of Change model.
- (v) Precaution Adoption process model.
- (vi) Health Belief Model (HBM);

According to McGuire and Staelin (1983), theories or models developed and utilised in interventions are judged in the context of practitioners' activities or, as per Burdine and McLeroy (1992), the way the theory is consistent with everyday observations, ecological validity or conformation to the reality. Both of the above gives an overview of how decisions for specific hypotheses are taken. How is then this reality determined? In my view, there are researcher's observations, initially informed judgements from the stakeholders and or formal research. How one justifies the criteria's for this decision is a matter for another study. I am more interested in the convergence of theory, research, and practice regarding social marketing for voluntary medical male circumcisions (VMMC) in a non-circumcising community. For the unprepared, the choices can be overwhelming.

Nevertheless, for those who understand the commonalities and differences among social behaviour theories and social marketing, the growing knowledge base can provide a firm foundation on which to build. Accordingly, the hypothesis that focuses on individuals' beliefs and actions was among the first theories of social behaviour to be developed and remains the most widely used today. According to Glanz, Rimer and Viswanath (2015), the four most common theories focusing on individual behaviour are: -

- Health Belief Model (HBM),
- Theory of Planned Behaviour (TPB),
- the Transtheoretical Model (TTM), and the
- Precaution Adoption Process Model (PAPM).

I will not focus on each theory or model in its entirety. However, I will focus on the theories and conceptual models that contain most of the constructs inherent in most of the theoretical and conceptual frameworks in this category of research and practice area. As per many researchers' work, theories are bridges to connect findings of one study to another's and the best informers of practice when contexts match (Glanz, Rimer and Viswanath, 2008).

2.8 Summary key Concepts and Theories on behaviour adoption by an individual.

Smedley and Syme (2000) posit that applying theory into practice relies on the researcher's discretion or practitioner. A recent review found that the combination of access-enhancing and individual directed interventions was the most effective type of strategy for promoting mammography use (Legler et al., 2002). An example is a developed and organised context like the United States of America, where individuals lead their own lives without much influence by the community. According to Fishbein and Yzer (2003), there are different theories for different practice units, such as individuals, groups, and organisations. They, however, think that the integrative model of behavioural prediction and media priming theory are best-suited guidance concerning the selection of beliefs to target in an intervention.

They stress that the theories and constructs to be selected should be complementary rather than conflicting. It is my opinion or assumption that in dealing with voluntary medical male circumcision (VMMC), we could be in for many possible applicable theories that range from communication, health, social, psychology, education, medicine, among many other disciplines and practices. There is a need for hypotheses or combinations that need to provide powerful tools in motivating and facilitating individuals towards undertaking voluntary medical male circumcision. I think that targeting communities rather than individuals has more value than individual targeting though I have not come up with a criterion on which level works when targeted. Thus, it is a story for another section. It is critical to bear in mind that the need to focus on individuals to complement other efforts that target collective capital remains a design resource in social marketing. Why then focusing on individuals?

2.8.1 Prediction of Individual Action.

Most of the predicting action theories incorporate constructs laden with value expectancy at the individual level and possibly at the collective level (Glanz, Rimer and Viswanath, 2008). These developments in value developments were not investigated. I have observed that they focus on positivism, where it is possible to predict and achieve relationships using social-related behavioural research as a guide to developing behavioural interventions (Fishbein and Yzer, 2003; Witte, 1995). In many of these theories, only a limited number of variables are considered in predicting and understanding any given Behaviour (Fishbein, 2002). These

variables are in many theories like Health Belief Model (Janz and Becker, 1984), Social Cognitive Theory (Bandura, 2012), Theory of Planned Behaviour (Ajzen, 2011), Transtheoretical Model (Prochaska, 2013), Precaution adoption process model (Weinstein and Sandman, 2002) amongst others.

Few theories and their constructs are highlighted here in the cases where they focus on predicting individual actions in adopting a behaviour and utilising value expectancy. Examples of constructs in these theories are those that use the belief of the need to perform given action because of perceived risk, susceptibility, the severity of the threat, benefits and efficacy of the adoption as in the Health Belief Model without forgetting perceived barriers to the undertaking the behaviour (Janz and Becker, 1984). Summaries and definitions are in appendix P.

It, therefore, becomes apparent that various concepts and constructs can come into play to influence a person at an individual level to act like going for voluntary medical male circumcision. The theory, however, assumes that decisions are dependent on individuals only. It is critical to find out whether, in the context of Zimbabwe, decisions are individual or there are other factors. The theory also assumes all elements may play a role. Also, it is critical to find out how individuals interpret interventions at the individual level for the social marketing actions that have occurred in the community and whether they influence these constructs or cause other concepts to emerge.

Another theory that provides an example of constructs is the Integrated Theoretical Model and the Transtheoretical Model. The models predict that the behaviour will be performed at any given time if an individual intends to act. They have the necessary skills and abilities to perform but consider the environmental constraints that can

prevent them from acting on the behaviour. According to Fishbein et al. (2002), if a person has an intention to perform and is equipped with the necessary skills and abilities with a complete absence of environmental constraints, then the chances of that person performing the behaviour is very high. The concepts and constructs for the model are in appendix R. Different interventions are needed for people at every stage of the decision-making process. If we take an example, some populations or cultures may not perform given behaviours because they are not in their intentions. Sometimes because of lack of skills or there is a presence of an environmental constraint. It then implies, therefore, that a focus among others would be to remove the environmental impediments. On the other hand, if there are strong indications that things are lacking, e.g. access and facilitation, the intervention's focus would be to facilitate the enactment.

The transtheoretical and stage theory is about action at the individual level where the individual is processing decision to carry out a recurrent behavioural need for individuals' good. It is clear also that it is dependent on supporting factors like skills and environmental factors. There is no indication of which skills are needed and the complexity of deciding which skills help contexts and how. It is not addressing the process of whether peers can collectively follow the same process. It, therefore, leaves the gap on influences to result in the decision-making process and which is the heart of social marketing. The other assumption inherent in this theory is that it assumes relationships exist and discerning a situation that does not provide the evidence. It also presupposes that contexts remain the same and that the same applications can be applied continuously within the context. I will show later that this assumption may not always hold.

2.9. Models or Theories that focus on interpersonal behaviour

It is posited by Ackerson and Viswanath (2009) that human behaviours are a product of multiple influences. Kurtz and Snowden (2003) add that it is impossible to establish transparent cause-effect relationships in human behaviour because cause-effect could be nonlinear or exponential or linear, e.g. at the community or individual level. Kurtz and Snowden (2003) add that the interpretation of the stimuli plays a role and is dependent on so many other factors, thus not ordered. To this end, many sources of influence could include a web of interactions people have with others in their social cycles or everyday lives, with these influences eliciting different responses at any time (Kurtz and Snowden, 2003).

There are theories developed to understand the 'web of influence' that includes one hypothesis called the Social Cognitive Theory (SCT) to address the deterministic frame. It explains human behaviours as individuals versus environmental. It assumes that individuals and environments interact and influence each other, and they term it reciprocal determinism. Therefore, it is a theory that provides constructs that help determine how social networks and social support influence behaviour and actions. It is important to note that recent interests have heightened in terms of social capital increasing the focus on using theories in studies and research that concerns social network or environmental effects in behaviours. There are various pathways in which social networks influence behaviour. They include providing intimacy and companionship, resources to cope with illness, information sharing, and mobilisation of resources to buffer oneself from stress. Social networks can have both negative

and positive effects on behaviour adoption. Among the concepts that I deem helpful is the notion of observational learning and self-efficacy in each context. Since we looked at what self-efficacy means in the other parts of this section, I would focus on Modelling or Observational learning and interpersonal communication while introducing Social Cognitive Theory.

2.9.1 Social Cognitive Theory (SCT)

According to Ackerson and Viswanath (2009), SCT provides interaction between individuals and their environments and influence each other in a process called reciprocal determinism leading to individual and social change. One of the virtues of social cognitive theory is that it offers several constructs used extensively in other theories and models concerned with personal and social change and include modelling or observational learning and self-efficacy, among others. Bandura (1999) says that the hypothesis integrates concepts from humanistic psychology, focusing on processes analysis linked to self-determination, altruism, and moral behaviour. Moreover, it contributes, like most of the behavioural and social theories, a focus on individual, social, and environmental factors that determine individual or group behaviour in terms of rewards, barriers, and punishments with social norms portrayed in mass communication. The social cognitive theory emphasises the individual capacity within their environment and the human capacity for collective action. According to Bandura (1997, pg. 2008), 'planned protection and promotion of social group benefiting themselves as individuals or group can be viewed as illustrations of this kind of reciprocal determinism, as societies seek to control the

environmental and social factors that influence social behaviours and social outcomes. The SCT provides for the interaction of the environment but limits itself to influences by each other. It only assumes that the influencer wins or loses and thus does not envisage emergence because of an interaction that may not be the competing influencers' intention.

2.9.1.1 Psychological determinants of Behaviour in Social Cognitive Theory

There are several psychological determinants in SCT identified. These include outcome expectation and belief about the likelihood of various outcomes that might result when a person chooses to perform a given behaviour or action with the basic idea of maximising benefits and reducing costs. These are human values and expectations that are subjective hence not based wholly on objective reality. It is about people visualising and working towards a distant goal driven by social perceptions and meanings.

Self-evaluative outcomes are more powerful than social and material outcomes (Bandura, 1997). SCT and several other behaviour models and theories give special consideration to value in social outcome expectations. These correspond to social norms in the Theory of Reasoned Action (TRA) and Theory of Planned Behaviour. Given that values and expectations are subjective based on own perceptions, this implies that to create value and expectation in individuals and communities, one needs to focus on the perception and develop value through the perception change to ensure that perceptions are favourable to the desired value for the desired

expectancy. Considering that it is always impossible to predict relationships and perceptions, it implies that there is a need for a deeper understanding of the community for social marketing to succeed. The social cognitive theory also professes that people would invest to achieve even if it is long a term gain and discount shorter-term costs once people have the expectation. So social norms are critical in creating values and expectancies and developing an expectation that is value-laden to motivate behaviour or cause change both at individual and social levels. Even though Kurtz and Snowden (2003) argue that the inherence of capability does not translate to anticipated action, claiming that some things occur by chance as humans are not limited to acting in accordance with predetermined rules.

Self-efficacy belief (Bandura, 1997) is the concept widely used in many theories and models. It is related to the notion of a person's ability to influence the desired level of the person functioning in events that affect the person's being or life: what Kurtz and Snowden (2003) refer to as intentional capability. Many studies have focused on outcome expectation as the motive of seeking self-efficacy. The assumption is that an individual believes in their capacity to influence the quality and events that affect their lives. One challenge is the determination of how collective action will be determined. There are also many papers on how to ingrain self-efficacy in individuals and includes observational learning

2.9.1. 2 Observational learning or modelling behaviour

of Voluntary Medical Male Circumcision. There is no modelling nor have social behaviours been explored in the non-circumcising community in Zimbabwe. I believe

that observational learning or modelling behaviour may not be a simplistic but complex phenomenon where unpredictable meanings may come into existence while modelling. The assumption is that modelling is direct copying but copying of a construct. I will demonstrate later the need to extend the SCT to include the construction of meaning up and beyond attention, retention, production, motivation and construct and that retention is general rather than the actual motivator. The impetus is a construct rather than retained. Despite the modelling prominence, other environmental determinants could mitigate imitations by peers.

2.9.1.3. Environmental determinants of behaviour, Self-regulation, and moral disengagement.

Socio-cognitive theory point to the powerful influence of the environment on behaviour. Hence, behaviour change is futile unless supported by the desired behaviour change (Bandura, 1999).

Accordingly, influence is through incentive motivations or rewards and punishments. It is a means of influencing behaviour through facilitation and providing structures and or resources that enable or make it easier for actions to happen. Bandura (1999) also says that motivation externally manipulates behaviour through external control like enticing outcomes, whereas facilitation is empowering. It is possible that peer influence or some modelling could persuade and support empowerment. It is unknown which of them need to come first or what their relative weights in the decision to seek VMCC are. I assume that the motivational factors are not static.

On the other hand, self-regulation is the ability of humans to endure short-term negative outcomes in anticipation of getting important long-term outcomes (Karoly,

1993). It implies discounting costs of behaviours to the more distant goal and is indirect empowerment. In the socio-cognitive theory, it is not dependent on persons will power but on getting concrete skills to handle themselves in ways that others through rewards or motivation and facilitation. Bandura (1997) provides six ways to ensure self-regulation and includes (i) self-monitoring, (ii) goal setting, (iii) feedback, (iv) self-reward, (v) self-instruction (v) enlistment of social support. Accordingly, in my view, motivation and facilitation overlap and sometimes indifferent in causing the desired outcome behaviour. Thus the achievement of outcomes is complex where sometimes incentive can replace facilitation depending on the context; hence there might be other reasons that combine with facilitation or motivation. It is also possible that the enlistment of social support may be resting on an emergent system. I would, therefore, add that the sixth dimension of emerging support system on top of social support. Bandura (1997) assumes that the influence is contestable and complicated and might not be positivistic.

Moral Disengagement in SCT describes how people can learn moral standards for self-regulation, leading them to avoid violence and cruelty to others. According to Bandura (1997), people violate those standards through moral disengagement with 'euphemistic labelling' of their behaviour to sanitise their acts. By dehumanising and attributing blame to victims, diffusion and displacement of responsibility by attributing actions to a group of figures to get perceived moral justification for harmful actions and create meaning in complexity theory. It is, therefore, critical to wonder whether, in VMMC adoption, these regulations come into play. I think pain has been one of the VMMC challenges when one is promoting VMMC. Can we design other words to describe VMMC pain? The reason for asking the question is to try and explain considerations of why not adopt VMMC by individuals and community as well in the

face of pain. Engaging the target group with these questions would lead to understanding the context. It may be that one action can address all the constructs. The summary of SCT theory with its constructs and concepts are explained below and depicted in appendix S.

2.9.2 Social Networks and Social Support

One way of enabling self-efficacy and modelling is through social networks and social support (Bandura, 1998). Social integration means social ties, with the social network being the web of social relationships that an individual has or surrounds the individual (Glanz, Rimer and Viswanath, 2008). In my case, village, age groups and other peer dimensions remain the social networks and social support systems. The social relationship provides social support through social capital, which is the resource and norms in social networks. There are four broad categories of social support and includes i) emotional support, ii) instrumental support, iii) informational support, and iv) appraisal support (House, 1981). According to Glanz, Rimer and Viswanath, 2008, social networks have several structural characteristics: reciprocity, intensity or strength, complexity, formality, density, homogeneity, and geographic dispersion. They function as social capital, social influence, social undermining, companionship, and social support. Social support is a conscious and purposive activity, unlike the modelling or copying activities and may results from social appraisal by the network (Bandura, 1986; Wood, 1996).

According to Glanz, Rimer and Viswanath (2008), most users of the social relationship studies have focused on the provision of social support and ignores the

advantages of the broader social network approach that includes functions or properties of the relationships other than social support. There is evidence of negative interpersonal interactions involving mistrust, hassles, criticism and domination, negative moods, depression and risky behaviours leading to susceptibility to diseases despite social support. The second point is that social relationship focuses on one relationship at a time, the social network brings effects of what happens if one social relationship change. How does it change others? Furthermore, the social network approach helps to see the effect of structural network characteristics on the quantity and quality of social support and psychosocial protective factors to buffer individuals from stress or take a desired action. According to Smedley and Syme (2000), there are complexities in the influence of behaviour that stems from the combinations involving various levels at individual, interpersonal, organisational, and societal and temporal constraints such as life cycle, age, or time. There are theories and models to address levels such as individual cognition. These are social forces outside of the human agency, intraindividual factors, external forces in the proximal geographical and psychological sphere and the realms of interpersonal behaviour. Hence, they need to understand these factors and which combinations are appropriate for a given context.

2.9.3 Community and Group Models for Behaviour Change

Understanding groups, organisations, large social institutions, and communities is vital in enhancing individuals' behaviours (Glanz, Rimer and Viswanath, 2015). Thus, there is a need to design behaviour and environmental changes targeting

communities or intended populations and not just focusing on individuals. To enable this, a proper understanding of the ongoings in the community is critical. We are dealing with the social marketing of VMMC that has been undertaken and is ongoing in the community and needs better understanding and improvement. It is, therefore, important that, as Glanz, Rimer and Viswanath (2015) say, a deeper understanding of the communities be undertaken both at individual, organisational, group and institutional levels. It is a well-known fact that to achieve the collective wellbeing of communities, the creation of structures and policies that support the desired behaviour or lifestyles while reducing hazards is one of the many ways (Glanz, Rimer and Viswanath, 2008; Nolan and Varey, 2014; Kurtz and Snowden, 2003). According to Nolan and Varey (2014), the understanding of system operations and how change occurs is critical in the utilisation of theories and conceptual frameworks to guide the organisation-wide or communitywide interventions targeting desired outcomes at appropriate levels. The social system is both a viable and essential unit of practice when widespread and long-term maintenance of behaviour change and social change are the goals in the language of sustainability.

Most of the authors of social systems and organisational change have elucidated that community and organisation-level interventions should be paired with those aimed at individuals. Minkler and Wallerstein (2004) say that community-level models are frameworks for understanding how social systems function and how communities and organisations can be activated. In this process, the groups or organisations identify a common problem that can motivate them to work together, identify means of solving problem or resources resulting in the development and implementation of strategies that enable the groups, communities or organisations to

reach the goal together or collectively. None of the theories so far have mentioned sustainability of uptake of services or even sustainability of promotions.

As we have seen earlier in the Social Cognitive Theory, the concept of reciprocal determinism provides that environmental factors influence individuals and groups. Individuals and groups can also influence their environments and regulate their behaviour. In the case of the current context in Zimbabwe, the environment consists of the strategies, policies, social norms, systems that provide and support VMMC and individuals and their social networks. It will, therefore, be necessary to know what is potentially causing the influence and what impacts these influences are causing. This knowledge will be gained by understanding and articulating how VMMC promotion is being enacted within the context and delineating how it has affected belief systems and the would-be recipients' actions. The best question to answer this would therefore be:

How is VMMC promoted in Zimbabwe's research area to achieve the objective of articulating how VMMC promotion is being enacted within the context?

The understanding arising from these questions will help check how social marketing intervention is being implemented and probably later how it is affecting the context. Within the same vein, it will explain how social marketing can be modified to accommodate the affected belief systems, communication and medium within the cultural context. Rappaport (2006) provides that community organising and building around emerging meanings, actions and systems can be critical to sustainable interventions.

Other theories focus on the social system perspective, focusing on informal organisations that operate within a community focusing on interactions of the subsystems or community subsystems such as economic, political, horizontally and vertically non-community systems (Fellin, 2001). The assumption is that they change structure and functions anytime to accommodate political, social and economic developments. There is also the power of the internet that has created communities. The perspective adopted to influence the appropriacy of domains and functions of the process and strategies to be adopted informed the appropriate theoretical or conceptual frameworks constructs used or developed.

This thesis posits that in social marketing, one could build on the impact of past social marketing actions by identifying actions that have emerged from social marketing as described by Fellin (2001). A security system put in such a way that there is always one individual responsible for surveillance of around ten households seems to have succeeded to identify and warn against terrorism in Kenya.

Emergence on this is that using an individual to observe what goes on in the households and reporting suspicious arrivals to the formal security agents has led to expanding their roles to include environment protection policing. Can this concept work in promoting VMMC? Do we have such people that have emerged after the promotion of VMMC or in establishing a community system responsible for VMMC? These people are volunteers and are given some uniforms and an identification card. Thus they have a role and status in the community finding pleasure in providing services through volunteering. The volunteers' function has been extended to include being on the lookout for drugs and illicit alcohol use.

2.10 Communication Theory and Behaviour Change.

The impact of media and other communications on individual cognitions has been historical and cultural (Glanz, Rimer and Viswanath, 2015). Examples include propaganda on soldiers and citizens in WW2 that showed communications generally affect individual attitudes and motivations. There has been an expansion of movies and other media on the same attitudes that include television, YouTube, video games, and other internet-related media. Glanz, Rimer and Viswanath (2015) facts that human communication is about producing and exchanging meaning using signs and symbols and takes place at various levels that include individual, group, organisational and societal.

He intimates further that it is a complex process where there is an encoding of information, decoding of information after receiving from the transmission and synthesising into meaning with other processes, including feedback and interaction in individual levels generating and circulating information meaning. The information dimension involves the sender or encoder and transmitter, and audiences who decode the communication into meaning and effect that could be a measurable outcome where outcomes could flow both ways, including feedback. Communication has the power of influencing human affairs. Theories focus on micro and macro levels of communication that convert information into action through individual or interpersonal (dyadic) communication. Communication is thought to results in group influence and provoke individual actions within social structures.

In communication theories, the prevalent concepts include knowledge gap, knowledge, information flow, socioeconomic status, social structure/pluralism, social

conflict, mobilisation and motivation. Meaning, according to Finnegan Jr. and Viswanath (2008), is the difference between groups of different status while knowledge is factual or interpretive information that leads to action, information flow involves the availability of information on issues or topics a social system or community. Social structure is the differentiation and interdependence in the available community systems, including social institutions, organisations, interest groups and centres of power and influence that maintains the social system. Social conflict is opposition or disagreement over an issue or problem, representing the struggle of power between social groups or leaders. Mobilisation is the organised activity that seeks to focus community power and influence to address a problem or issue, with motivation being those factors that influence individuals to attend to and act upon information and knowledge that includes personal interests, involvement and self-efficacy.

In consideration of voluntary medical male circumcision, various communications might have taken place. There are planned communications designed as part of the social marketing process, while as per the definitions above, there exist other informal and interpretive communications that occur in the context. There are also informal communications systems that accrue from the interaction between individuals in the community (Jones and Rossiter, 2002). In the case of voluntary medical male circumcision, there could be communication between individuals who have circumcised and those who have not experienced circumcision. There could be communications between caretakers and those who intend to circumcise, creating meaning among the uncircumcised. There could be communication through observation of those who have just been circumcised, among many other possible dyadic or group communications. As indicated earlier by Glanz, Rimer and

Viswanath (2008) and Kurtz and Snowden (2003), there is always an impact accruing from whatever means of communication that takes place on attitudes and perceptions. We have also seen earlier how attitudes impact action. There are two points of meaning development in the community: the messages disseminated and the observations that contribute to understanding how VMMC has been promoted in the community. How these activities might have led to the development of meanings positively or negatively by individuals and groups in the community is also critical. There could have emerged meanings and even actions in the community based on different communication and discourses.

2.10.1 Possible Emergences in VMMC promotion Landscape

In social marketing principles, the assumption is that consumer research is an analysis of the environment where competition is profiled, leading to the development of appropriate social marketing design (Kotler and Lee, 2008). Other commercial principles of market segmentation, where it involves targeting with the setting of objectives and goals using the 4Ps, are then applied in the design of the market approach to social groups for social change.

Although it has been evident in communication theory that communications outcomes could involve interpretations, social marketing so far has not used the value of the emerging explanations in the community after these communications have taken place. There is nowhere in the literature that this has been used. The current social marketing is operating on the quantitative and straightforward domains

of the frameworks where the assumptions of linear relationships between the variables leaving out the outcomes of interactions.

Most of the studies so far do not look at the interpretation of messages after the passing of messages. They do not include community interpretations in the design nor the assumption that the landscape is dynamic or changing. So far, none of the VMMC social marketing intervention have attempted to identify emerging patterns, autopoiesis or co-evolution associated with systems interactions.

The system interactions would be those of the community systems in the order part of the Cynefin framework. Kurtz and Snowden (2003) argued that it is not enough to assume that order, the exercise of rational choice, and the availability of intentional capability can be enough to predict relationships in variables as described through the systems theory and other positivists' hypotheses. With its robust approach in engaging the community in dialogue, action research may sufficiently provide room to identify community perceptions. Selling pitches or brands during the engagement between researchers, practitioners and the beneficiaries is expected to be used for action when designing and delivering social marketing based on the complexities existing in the ground.

First-order complexity is directly attributed to community systems that involve non-linearity, fractality, recursiveness, sensitivity to initial conditions and involvement of feedback loops leading to emergence (Tsoukas and Jo Hatch, 2001; Vindrola-Padros and Johnson, 2014). Tsoukas and Jo Hatch (2014) have introduced the concept of 'second order' associated with thinking and expressed in narratives. It is argued that the Narrative approach, as situated in the interpretative dimension, make

complexity an interpretive process leading to the second-order complexity process through the narrative mode of meaning construction (Tsoukas and Jo Hatch, 2014).

As of now, there is no actual agreement on the definition of complexity. Various definitions of complexity have been posited in Tsoukas and Jo Hatch (2014), as the ability to generate inequivalent descriptions of a system or process by an observer and not being an intrinsic property of the system but being an observer-dependent feature obtained through description and interpretation and hence dependent on language. Nolan and Varey (2014) argued that the management of paradoxical social systems or wicked problems could be improved by practitioners adapting multiple inequivalent descriptions. It is, therefore, the intention of this thesis that the landscape where social marketing is taking place to be described narratively and those viewpoints be obtained on what is going in the landscape and develop social marketing designs informed by these complexities. In so doing, it will answer the question that contributes towards the objective of the research: "Can the use of system interaction perspective from a complex adaptive system with a focus on the emergence of meanings, actions and informal organisations contribute to designing social marketing promotion that is sustainable and increases the uptake?"

It will involve asking the questions below.

- (i) What will be captured and analysed using the community narratives to obtain viewpoints on VMMC and be used in social marketing designs?
- (ii) Are there emergences support or disruptive of the uptake? These questions and answers are in the narratives from in-depth interviews and focus group discussions that follow the questions that seek to find out how VMMC is promoted in the peri-urban location in Zimbabwe?

(iii) How should Voluntary Medical Male Circumcision be promoted in a community where there has been a promotion, observation of VMMC healing process and post circumcision behaviours to ensure members consistently and reliably seek services?

2.11 Theories and Models/strategies that have been used in Zimbabwe

In Zimbabwe, most of the interventions fall under three categories. They include studies testing the efficacy of interventions, evaluating existing interventions and formative studies to identify barriers and motivators to aid in designing behavioural messaging and facilitation. These three dimensions are explained in the paragraphs below and table 2.3. In these interventions, there has been an evaluation of the national scale-up plan using the ASM model with a three-level conceptual framework focused on the impact of targeting age (Awad et al., 2015). There has also been a Global review on the scale-up plans, including Zimbabwe, using systems thinking (Ledikwe et al., 2014) and service delivery models in terms of intensity and modality (Ashengo et al., 2014).

These studies and intervention involved the implementation of strategies from theories and models. These include the sports-based intervention using football that increased the odds of consuming VMMC service by almost 3, with the cost of the promotion being approximately 50 USD per circumcision (Kaufman et al., 2016). Another sports-based intervention using football and utilising coaches to promote VMMC concluded that there was high acceptability of VMMC caused by the coach-participant relationship. Other strategies include that of psychographic, behavioural

segmentation that increased uptake by 60% (Sqaier et al., 2017), Cultural competence framework that seeks reorganisation and adaptation of VMMC services in a culturally competent way that accounts for local conceptions of circumcision and respects cultural beliefs and practices of the communities. A recent intervention that may have been informed by this study results though not mentioned, is that of peer education session with incentives (Thomas et al., 2020). In this study, social learning took place regarding risk perception and self-efficacy.

Another intervention that has taken place in Zimbabwe, where the majority of the interventions fall, include studies that could involve the Identification of the contextual factors from formative studies and evaluation of existing interventions. They include Identification of important beliefs as informed by the Integrated Belief Model (Montano et al., (2014), modelling age difference in perception and motivations (Patel et al., 2018), Identification of barriers and motivators Hatzold et al., 2015), and surveys including a cross-sectional study by Moyo et al., 2015). Summary table of literature is provided in table 2.3 below

Table 2.3: Theories/models/strategies within interventions implemented in Zimbabwe

Type of Intervention	Intervention	Authors	Inferred Theory/Model	Main outcomes
Efficacy of intervention	Sports-based using football peers	Kaufman, Z. A et al. (2016)	Effect of sports on acceptance of VMMC.	Uptake increased by three times with a cost of promotion being 50 USD per circumcision.
	Sports-based with coach as champion	DeCelles et al., 2016	Role Model/Champions	High program acceptability from coach-participant relationship with the accompaniment of coaches to VMMC clinic.
	Psychographic, behavioral segmentation and taking action	Sgaier et al., 2017	Market research targeting Behavioral psychographic segmentation	Segmentation of 6 groups in Zimbabwe and 7 in Zambia. Use of tool leads to 60 % increase in uptake.
	Peer Education Session with Incentives	Thomas et al., 2020	Behavioral Incentives Peer education and Incentives	Social learning improving risk perception and self-efficacy to address fear of pain.
	Cultural Competence	Shumba and Musara (2017)	Cultural Competence	Argue for a reorganisation and adaptation of VMMC to be culturally competent accounting for local conceptions of circumcision and respect for the community cultural beliefs and practices.
Formative studies	Identification of key beliefs informed by Integrated Behavioral Model (IBM)	Montano et al. (2014)	Integrated Behavioral Model (IBM)	All IBM constructs significantly explains MC intention

Type of Intervention	Intervention	Authors	Inferred Theory/Model	Main outcomes
	Barriers and Motivators	Hatzold et al., 2014	Barriers and Motivators	Awareness 68 % men and 53% females. Reasons for VMMC include HIV prevention, sexual performance, cervical cancers prevention in a partner, Barriers include lack of partners support, HIV testing, partner refusal and reluctance to abstain from sex.
	Cross-Sectional studies	Rupfuse et al., 2014	Factors associated with uptake	Cultural AOR 7.69, Fear of Pain 7.09, poor wound healing, 2.68 association to circumcision while influence by friend or relative was associated to circumcision
	Attitudes assessment	Moyo et al., 2015	Attitudes and acceptance	Negative attitude towards VMMC explained by the perceived challenge to masculinity, post circumcision stigma, inadequate or reliable information as well appropriateness of VMMC. Recommends structural intervention to reduce stigma and dissemination of accurate information.
Evaluations	Age difference analysis	Patel et al. (2018	Age differences and motivations	Most adolescents reported a strong desire for VMMC. Compared with older adolescents, among others, including reasons for circumcision.
	A Re-evaluation of the Voluntary Medical Male Circumcision Scale-Up Plan in Zimbabwe	Awad et al. (2015	age-structured mathematical (ASM) model with a three-	The VMMC program plan in Zimbabwe targeting is efficient and impactful age bracket (13–29-year-old). Program efficiency can be improved by

Type of Intervention	Intervention	Authors	Inferred Theory/Model	Main outcomes
			level conceptual framework	prioritising a subset of males for demand creation and service availability. This is young sexually active males whose sexual behaviour puts them at higher risk for HIV.
	Service delivery intensity and Modality	Ashengo et al., 2014	Delivery modality and Intensity	Targets can be achieved using a mix of service delivery modality and intensity. Tanzania majority get service during campaign 59% in young 10-14 while older 64% get from routine. In Zimbabwe, Campaigns serve 64 % of VMMC and more pronounced among 10-24. Formative research needs to be an integral part of VMMC programs to guide the design of service delivery modalities in the face of, or lack of, strong social norms
	Scaling-up voluntary medical male circumcision – what have we learned?	Ledikwe et al. (2014)	Systems Thinking approach using WHO health systems building blocks/framework.	Facilitators that accelerated the VMMC program scale-up included: country ownership; sustained political will; service delivery efficiencies, such as task shifting and task sharing; use of outreach and mobile services; disposable, prepackaged VMMC kits; external funding; and a standardised set of indicators for VMMC.

A review of published literature on the theories and interventions used to increase uptake of VMMC reveals that the most frequently used hypotheses constructs are those of the integrated belief model (IBM), Health belief model, and communication theories models. There are no VMMC interventions that targeted sustainability. Interventions highlighted are either campaigns through sports, communications fliers or roadshows, mass media, and modern internet supported approaches but not utilising emergence in complexities. Some interventions have focused on a specific community system integrating motivation, empowerment or facilitation into a community system, family or village system to cause a sustainable uptake of VMMC like the cultural competence framework (Shumba and Musara, 2017). Nothing is indicated on the use of complexity, dynamicity, and emergence.

Another popular intervention that has been there in increasing uptake of VMMC is through economic compensation. The compensation follows the belief that potential consumers of VMMC could be having perceived barriers that include costs needed to access the service or have an interrupted income generation during the healing period. I can summarise, therefore, that the two most common disciplines used in increasing uptake of services are public health, economics, and psychology in terms of exchange theories and marketing utilising the principles of economics and psychology. Not much is said about the use of the marketing approach except in psychographic, behavioural segmentation and acting (Sgaier et al., 2017). It is important to note that all the interventions have been designed to follow a linear, scientific approach to problem-solving. This method has been refuted by claims that linear, scientific approaches do not capture complex systems' collisions (Yawson, 2015; Peterson, 2010).

The assumption is that most of these approaches follow the traditional Action research methods on the traditional problem-solving procedures of gathering data, carrying out the analysis, identifying the problem further, formulate the solution, and implementing the linear and mechanistic view of the universe. It is a procedure highlighted abundantly in journals and explicated by Conklin (2006). Yawson (2015) indicates an emerging contention that managers are applying this traditional approach in places where they should not. Conklin (2006) and Yawson (2015) say the traditional method should not be applied where the problems are complex, and there is a constant change in the context with unprecedented challenges and most cases in the social context with disagreement among stakeholders on what the problem is and what solution is needed. In fact, in social marketing, there have emerged arguments that social marketing as it stands now is misplaced in the positivistic dimension. Domegan et al. (2017) think it should be a wicked intervention for wicked problems. Therefore, this study will elaborate on the context of the social marketing wickedness and assert that the intervention will need to be wicked.

Characteristics have been provided for the wicked problem by Peterson and Sherman (2009) as well as Ritchey (2013) and include: -

- Wicked problems have no definite formulation as well formulation of the solution, creation of solutions changes the understanding of the problem;
- When addressing wicked challenges, there is no stopping end but the improvement of the situation.
- the results are not true or false;
- There is no test to show that a solution has been found.
- Every solution has a consequence that cannot be reserved.

- Wicked problems do not have a well-described set of potential solutions.
- Every wicked problem is the symptom of another underlying problem.
- Every wicked problem is potentially unique.
- The causes of each wicked challenge can be explored in numerous ways.

A wicked problem has a no for whether there is a known solution by someone.

In the case of voluntary medical male circumcision, the first visible problem is low uptake. Despite campaigns and promotions, uptake is low. The question then is, is the intervention appropriate? VMMC has been promoted in the community. It means, therefore, that this promotion elicits reactions from the beneficiaries. It will, therefore, be critical to identify members of the community that have interacted with VMMC then find out the questions summarised in the following section.

2.12 Literature Review Synthesis and Research Questions

It has become clear that many competing theories range from public health, psychology, education, medicine, and communication, among others. Hypotheses have varied in the motivation, facilitation, and expectancy at all levels to include the individual and collective levels. It, therefore, remains a complex terrain in deciding which intervention works at any time, location, cultures and other social-economic activities. Literature and stakeholder information will be complementary in understanding the current context. It remains, therefore, critical to analyse the terrain through appropriate research methodologies that acknowledge complexities, context, and stakeholder participation. As indicated earlier, these researches should answer the questions on current and ongoing actions on social marketing for VMMC, the impact in terms of perceptions and attitudes. The methodology should also help in how to identify and address the impact of the already done promotion.

All literature reviews and theories did not elaborate on building sustainability in the interventions, especially in dynamic contexts where promotion elicit intended and unintended meanings. The literature review has helped identify what is available for use in the design of social marketing and what is not available and has led to the development of research questions, as in the section below. The next chapter provides the methodology that helps address the Identification of emergence and meanings in contexts in designing social marketing that leads to sustainable adoption of ideas in voluntary medical male circumcision. The most important questions for the understanding of the contexts are:

- (i) How is VMMC being promoted in the research area located in Zimbabwe?
- (ii) What has emerged in the community because of the promotion, observations of the circumcised or the beneficiaries of voluntary medical male circumcision?
- (iii) How should Voluntary Medical Male Circumcision promotion be done in the community to ensure members consistently and reliably seek services?

According to the literature already provided, the promotion undertaken must have led to some changes in the community in terms of its perceptions, attitudes, meanings of some actions and language development. These changes are intended and unintended through interaction and agency processing. They then affect the attitudes and perception of voluntary medical male circumcision. Therefore, there will be questions that focus on what meanings have emerged and how they affect actions towards voluntary medical male circumcision uptake. This research assumes that some of these emerging phenomena can be used in the design of action research to identify more effective social marketing design and will be argued further in the Methodology section. Considering that there are theories that have emphasised

consumer involvement in the design of marketing strategies, there will be questions on what the consumers think is the best way of undertaking social marketing in the context. We have seen that meanings may not be rational or linear and are dependent on the context. Once identified, they will be compared to available literature and suggestions from practitioners and consumers. The analysis will be done using the Cynefin framework to see whether they are appropriate for the context and define if complexity applies to the landscape.

CHAPTER THREE: - METHODOLOGY AND METHODS OF INQUIRY

"Researchers should begin their inquiry process with philosophical assumptions about the nature of reality (ontology), how they know what is known (epistemology), the inclusion of their values (axiology), the nature in which their research emerges (methodology), and their writing structures."

(Creswell, Hanson, and Plano, 2007, Pg. 238).

3.1 My Epistemological Position

Researchers face matrices of alternatives when conducting research (Creswell, 1998) because there are many options of inquiry strategies, inquiry tradition, qualitative approaches, and design types (Creswell and Poth, 2016). Morgan and Smirch (1980) provide that the choice and adequacy of research methodology is a compound of assumptions about the nature of knowledge and how the knowledge can be obtained. There is also the assumption on the nature of the phenomena under investigation. My position regarding the epistemology and ontological commitments in selecting the choice of research methodology and the research method for inquiry in this study will be clarified.

Academics and philosophers have debated the questions on epistemology as far back as Plato and Aristotle. Through time, these have developed into a thread where scholars are currently trying to distinguish between positivist and interpretive tradition to show how to conduct social science research (Easterby Smith et al., 2008). The

definition of positivism that is more precise and accepted in social science is said not to exist as per Ryan (2015). Positivism prefers the separation of the observer and the observed, the knower and the known, and the subject from the object (Johnson and Duberly, 2000). This paradigm includes observation, measurement, and experimentation, formulating, testing, and modifying assumptions (Guba, 1990). They are thus in the quest for objective knowledge for the generalisation of research findings. Auguste is called the father of positivism. He believed that there is no absolute knowledge, but that is hinged on observed facts (Easterby Smith et al. 2008), and the belief that (i) reality exists and is independent of the observer as well as (ii) knowledge is only important if emanating from observations of the external reality. In summary, the explanation of what happens relies strongly on rigour, quantity analysis from measurements, correlation, logic in statistics with control and verification of variables through scientific methods of surveys, questionnaires, and representativeness sampling (Rodela et al., 2012).

The recent paradigm of interpretivism is new and developed by philosophers reacting to positivism. Their opinion is that reality is not objective or external to the observer but is a social construct (Easterby Smith et al. 2008). Interpretivism scholars opined that reality could not be a single interpretation that all observers share, but observers attach different meaning or interpretations to an observation. The proponents refuse the separation of subject and the object and that it is critical to know where the subject is coming from to understand how abstraction, rationalisation and theoretical construction is done (Rocoeur, 1981). Rocoeur's assumes that knowledge is a social construct, and thus the work of researchers is to identify the multiple interpretations available in the context and how they influence

each other and how they influence the object of interest. I should emphasise that the positivism-interpretivism discourse is broader and deeper than the summary I have provided. It is more of my self-reflection and a trial to start locating my considered position in the two sides' of ongoing debates and how it affects my research methodology choice.

All social science approaches rest on interconnected bounds of assumptions about ontology, human nature and epistemology, as demonstrated by Morgan and Smirch (1980). In my case, my research methodology resonates with my fidelity to what comprises knowledge and how to stock knowledge advances, as highlighted by Johnson and Duberly (2000). I, therefore, did engage in the research, not as an impartial and value-free observer but an agent with the mission of learning held in a reflexive inquiry together with activism to issue-driven research that results in issue resolution partially or wholly through action in the research process. In this venture and looking at my issue and absolute belief, I tilt towards interpretivism, subjectivism, and the lens through which I will perceive the phenomena in my swamp. As indicated by Thuku (2016), it is affected by many indices that include past experiences, cultural socialisation, environment, abilities and I will share my experiences and biases later.

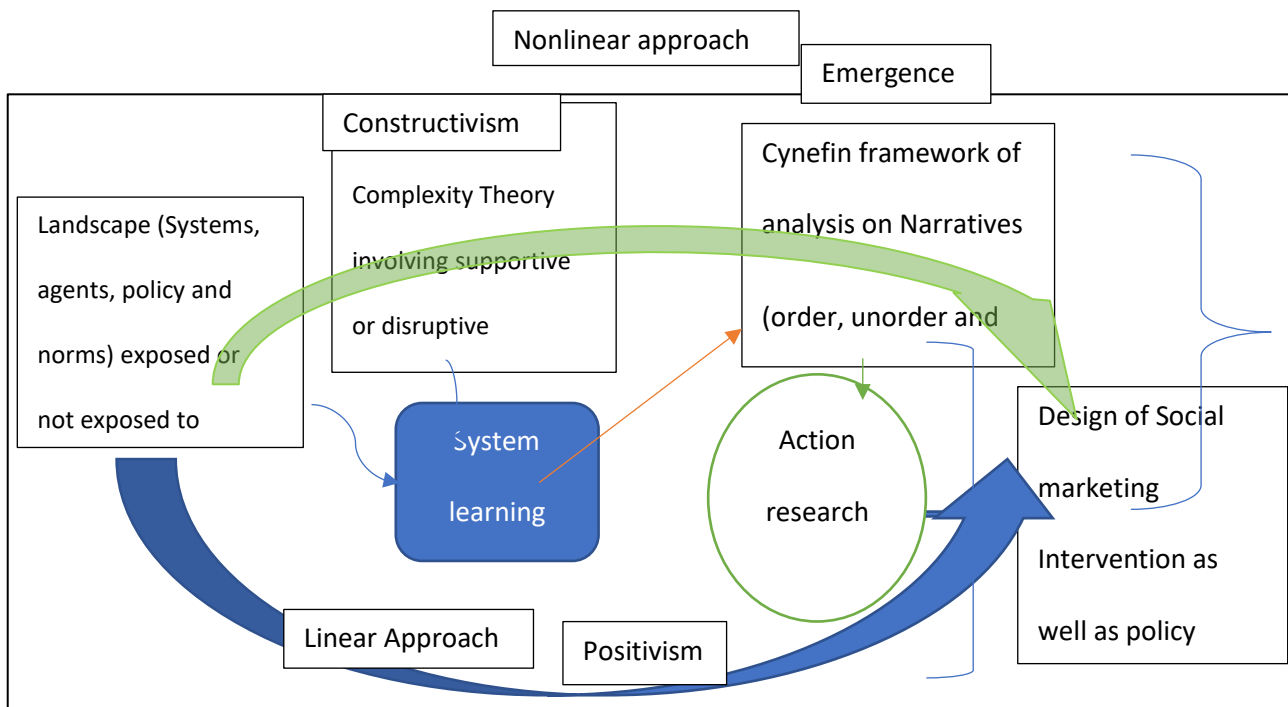
3.2 Research Methodology

Since the advent of promotional activities for VMMC, there is a likelihood that there have been changes at macro, mezzo and micro levels of social marketing targets

and controllers. These changes would be in tandem with the postulations by Burman, Aphane and Delobelle (2016) that overall landscapes and agents within the landscapes change during interventions. This argument emanated from the HIV/AIDS landscape and response to the HIV epidemic and the virus itself changing when it interacts with treatment chemicals. Those authors postulate that the changes can be unpredictable, nonlinear, or complicated when human behaviours are involved (Burman, Aphane and Delobelle, 2016). Therefore, this statement reinforces the call for social Marketing to embrace complexities in its landscape (Nolan and Varey, 2014) so that it can continue causing desired social outcomes in the turbulent and unpredictable context, especially when sustainable results for uptake are desirable.

The landscape for social marketing, utilising conventional theoretical assumptions based on linearity or positivistic design, may need further refinement and probably more specificity in embracing unpredictability (Nolan and Varey, 2014). It implies that complacency with current approaches to designing social marketing risks ineffective and inefficient strategies delaying the consumers' benefits when sustainability is concerned. It is, therefore, imperative that approaches towards designing social marketing programs include consideration of methods that involve inherence of unpredictability despite the presence of a relevant capability. In this research, approaches will not assume the linear causation due to capability, but explorations of emergence and checking emergence through action research align with my fidelity to constructivism and the available plausibility.

Figure 3.1. Figure depicting two possible paths in the research methodologies pitying nonlinear and linear approaches or Positivism and Constructivism.



Adapted from Literature of Nolan and Varey (2014) as well as Burman, Aphane and Delobelle (2016)

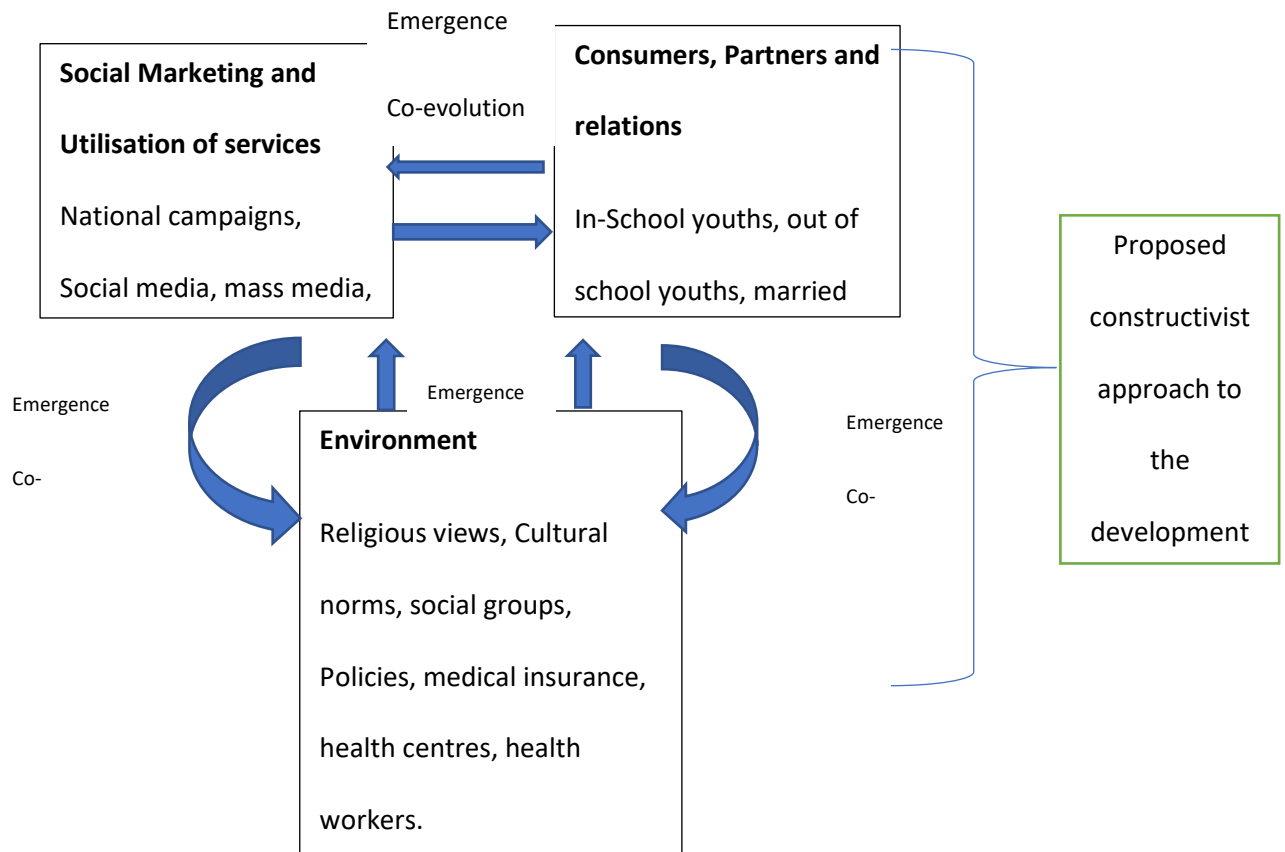
Within this methodology, it is critical to provide a quick background of the complexity theory as it will be a practical application during the analysis of results from the research design. The use of complex adaptive system theory is gaining recognition in social marketing, as expounded in the argument provided by Nolan and Varey (2014) while searching how social marketing can provide the sustainability imperative or desired long-term social transformation. The Complexity theory consists of looking at a system from an integrated and interdisciplinary perspective based on an argument that natural and social phenomena are dynamic, integrative, patterning and most of the times unpredictable within interconnected relational processes (Stacey, 1996). Stacey (1996) suggests that complexity should be

examined in terms of the nature of the problem and not the problem's level of difficulty. She provides that the theory emphasises processes, relationships, and uncertainty with limited reliance on positivist cause and effect where problems have answers whether known and knowable. Kurtz and Snowden (2003) have distinguished that complexity theory clarifies the ordered and unordered properties of a system or landscape, which will be explained more when considering the Cynefin framework for decision making in detail.

In summary, Anderson et al. (2005) state that a Complex Adaptive System consists of 5 elements: agents, interconnections, self-organising, emergence and co-evolution. Agents are people, human processes like rumours, gossip, and reasoning work as well-structured computerised systems. Furthermore, they emphasise that when the agents are diversified, the more likely it is that a novel behaviour would emerge from the information exchanges within and without the system as agents interact. It is this emerging novel behaviour that we will categorise as supportive or disruptive. The assumption will continue to explain that when the agents interact to exchange information, they create connections within the system where small changes make a big difference whilst a significant change might cause minor effects not proportional to the change anticipated if there was linearity. It is critical to remember emerging relationships between the agents and that the agents are not only people but also processes and actions like rumours and gossip. These interconnections are that the agents self-organise to cope with the information and new relationships as the environment demands, thus causing the emergence of new properties of the system that are distinct from the individual agents' properties together and distinct from the previous system. While the system may change, the

system, together with agents, interacts with the environment with a similar exchange of information, making both the system and the world change (Anderson et al., 2005). Various agents, systems interventions and impacts in terms of emergence are presented in figure 3.2 below.

Figure 3.2. Conceptual model of emergence and co-evolution in interactions of systems and social marketing in Complex Adaptive Environment



The above conceptual model goes beyond the assumption that social marketing is used to achieve social change by exchanging and clarifying the information in communities (Nolan and Varey, 2015). It includes the point by Kurtz and Snowden (2003) that utilising whatever we perceive is organised into patterns for which we, the perceivers, are fundamentally responsible and not the stimuli' intention. The impetus' perceivers select from the stimuli falling on their senses only those that interest them (Kurtz and Snowden, 2003) and convert them to their value. Those that

are of interest to them get internalised and used in creating perception and action taking that may be inconsistent with intentions and capability (Kurtz and Snowden, 2003), which are governed by a patternmaking tendency, sometimes called a schema. These schemata are emergences and could be helpful. Therefore, it becomes inevitable that social marketing efforts may be operating under unspecified perceptions or has stimulated unspecified perceptions that are not anticipated by the social marketing strategy because of the adaptive landscape response to the social marketing interventions. Social marketing now focuses on passing and clarifying information and not necessarily digging into the perceptions constructed by the recipients of the information utilising their schema to design an effective social marketing strategy.

Social marketing, it has been argued, requires a new set of methodologies and strategies that shift the current linear model's approach and paradigms to somehow those that create analysis to capture dynamics necessary to work with complex adaptive landscape or landscape (Nolan and Varey, 2014; Burman, Aphane and Delobelle, 2016). There is limited evidence of the use of complexity theory in social marketing design and implementation in the literature. Moreover, the critique provided in Nolan and Varey (2014) remains legitimate due to the stagnation of tools and methodologies that do not consider the changing or dynamic contexts from multiple perspectives. This omission affects the policies and approaches to understanding and addressing problems. It is, therefore, possible that there is a mismatch of context and intervention in Zimbabwe that has led to slow progress in the uptake of VMMC. It may be that the promotion of VMMC is encountering a landscape that does not match the marketing design. Therefore, emergence or

interaction analysis and action research provide a unique opportunity to use the program design interpretations to spur desired outcomes.

3.3 Sustainability Imperatives in the Communities.

The research is premised on the existence of a CAS with the concept of emergence and autopoietic or co-evolution as ingredients to using patterns that emerge in contexts where VMMC promotion has taken place. It is assumed that they result from systems and or agents intersecting, with resulting interactions yielding patterns that may be novel. Emergence in the context of complexity theory is bringing together components parts to give something that could not have happened without these parts interacting (Burman, Aphane and Delobelle, 2016). The trio indicates that emergence is getting a novel outcome because of putting parts of a system to interact such that when considered linearly, the result could not have been predictable. Accordingly, this novel emergence could provide an opportunity for the long term and self-sustaining patterns when targeted by interventions appropriately. This emergence happens through a process when there is an intersection of new systems or systems that are already in place, resulting in links or weak interconnections between the system's components (Weaver, 1948).

Accordingly, these interconnections may manifest initially as random or short-lived interconnections. According to Weaver (1948), these interconnections can develop into interdependencies that take on self-sustaining or autopoietic lives. Therefore, my thesis is that it is the work of social marketing to identify these weak interconnections

between system components then catalyse to cause scale and sustainability when found to be conforming to the improvement of the system. Weaver (1948) says that when systems intersect, there comes into play complexity that involves the sizeable number of factors and interrelates to make an organic whole and not in the halter smelter fashion. It is, therefore, critical to identify these complexities and their factors so that they can be used in nurturing sustainability.

Burman, Aphane and Delobelle (2016) explain that autopoiesis is how cells self-organise as an adaptive survival mechanism and when applied in the theory of complexity, it is a process in which a system transforms itself through a regulated communication. Autopoiesis occurs through repeated patterned connections, feedback cycles resulting in a transformation from weakly connected self or unstable interconnections towards stabilised interdependency with visible surface descriptors that happens as the relationship between different components of a system (Burman, Aphane and Delobelle, 2016).

It is, therefore, a transformation of a system to fit into the context that houses other systems. Examples of the HIV/AIDS epidemic landscape include non-adherence to ARVs and inconsistent condom use after condom promotion and utilisation. It continues to say that supply of condoms to communities has led to the utilisation of condoms for other purposes, including decorations and generating other items from them. These emergencies do not contribute to ending AIDS as desired but act as fuels to the epidemic. One example of emergence is adherence to ART which serves as the dampener to the epidemic and consistent and appropriate use of a condom

(Barron et al., 2013). These system changes are triggered by a response to patterned visible forms and emerge as autopoietic interdependencies that defy Newtonian science's easy explanation, resulting in a new intervention typology needing a different set of response patterns of the response (Burman, Aphane and Delobelle, 2016).

Having declared my fidelity to constructivism in knowledge creation and improvement, and having exposed the possible use of autopoietic opportunities and having charted the linkages between my philosophical commitment and the methodological process graphically, it is thus, the beginning of how my research design evolved. It is said by Creswell et al. (2007) that a research design in qualitative research encompasses formulating research questions and procedures for collecting, analysing, and reporting findings. At this juncture, it is important to remember that the research will (1) bring about change and make organisational VMMC promotion design sustainable informed by the emergence in the complex adaptive system and Cynefin framework. (2) articulate how VMMC promotion is being enacted within the context and how it has affected belief systems, and the consequences of would-be recipients actions (3) identify how VMMC promotion can be altered to accommodate complex reactions to its communication content and medium within this cultural context (4) generate actionable knowledge that is relevant for academic and practitioner communities.

Following the action research process, the second abjection will be achieved by answering the first question in the set of questions below as the first cycle of the

action research process. Objective 3 will be answered through the second set of action research involving analysis using the Cynefin framework and group discussions and identifying the best action. Objective 1 will be achieved when the three questions below have been answered:

1. How is VMMC being promoted in the research area located in Zimbabwe?
2. What has emerged in the community because of the promotion, observations of the circumcised, or voluntary medical male circumcision beneficiaries?
3. How should Voluntary Medical Male Circumcision promotion be done in the community to ensure members consistently and reliably seek services?
- 4.

3.4 Action Research

Schein (1988) indicates that Action Research (AR) is positioned on Lewin's scholarship practices' roots and considered the intellectual father of the current theories of behavioural science, action research, and planned change. Kurt Lewin first coined the term action research in 1946 with a two-prong process that (i) emphasises change that requires action (ii) recognises the need to analyse the situation correctly through the identification of all possible solutions and then choose the appropriate action to ensure the action is successful and (iii) guided by the realisation that change is necessary (Burnes, 2004). Kurt Lewin provides that AR progresses in a spiral step, with each comprising a cycle of planning, action, and fact-finding about results. Lewin argued and deviated from scientific paradigms that to change human systems involves variables that are not controlled by traditional research methods for physical sciences; and those systems are only changed if one

involved the members of the organisation in the inquiry process (Coghlan & Brannick, 2003; Coghlan & Shani, 2014). It has since been applied in situations where there are group dynamics and collective behaviour, organisational development programs, socio-technical schoolwork design, appreciative inquiry, sustainability, and redefining business roles in society.

Some definitions of Action Research in marketing have been provided by Perry and Gummesson (2004) to encompass generalisations through theory building. Perry and Gummesson (2004), building from the traditional definition of action research, action learning and case research in their marketing work, includes how action research is done in marketing.

The core action research project can be integrated into the research candidate's full-time work and a doctoral thesis (Zuber-Skerritt and Perry, 2002). Zuber-Skerritt and Perry (2002), while pointing out the distinctions between action research project at masters and PhD levels, argue that whenever action research is undertaken, it is possible and most helpful to integrate scholarly research academic work for continued learning. This distinction is the same as organisational learning, where a process of collaborative action learning and action research in an organisation with the aims of solving complex problems and achieving change that improves the performance of individuals, teams and organisations (Ortenblad, 2001; Steward, 2001; Durl et al., 2017).

Senges (1990), on the other hand, identifies five disciplines of a learning organisation. These include personal mastery, mental models, shared vision, teams

learning and systems thinking. Systems thinking means that organisational members are aware of the organisation's structure, processes, and culture. A synergy of effort is provided through collaboration and team learning as essential and effective means of synergy. Noting that the community needs to be organised or loose organisations around the community, it would be possible to identify some key persons in the community that can utilise Senge's action research. In this case, the meanings of action research and action learning and how it can be used in the community will be more explicit. There is a need to define action research and how it can be applied in marketing and, by extension, social marketing envisioned.

As already indicated in this section, it is critical to recognise that Kurt Lewin (1946) coined the term action research over a half-century ago through his social science work. It has been widely defined and applied in various forms (Perry and Gummesson, 2004). This section will concentrate on forging a common understanding of the definitions provided for traditional action research, action learning, and case research. Carson and Coviello (1996) consider the traditional form of action research to involve (i) a group of people planning, acting, observing and reflecting what happened to the situation under intervention for change (ii) improving workgroup process of action, (iii) engaged in solving complex and practical problems that little is known and, (iv) produces a report on what happened. In this context, the position of the researcher is that of an external expert. However, as indicated earlier, my position in knowledge generation and improvement is that the researcher affects the knowledge generation and improvement. The traditional definition falls short of meeting this need.

This effect is so because the kind of action research that becomes handy here enables identifying and testing the emergence or co-evolution from the narratives and the Cynefin framework that combine external and internal inputs to the social marketing suggestions. Given that in this study, narratives will produce understanding about the community, these understandings will be translated into practical problem and solution for action in solving practical problems through the AR cycles. These understandings will include the constructed interpretations within the context.

The model of action research elaborated by Fueyo and Koorland (1997) fits this purpose as it helps practitioners link prior knowledge to new information, learn from failure experience, and ask questions to find answers. It is provided that this action research focus on the three voices and audiences in terms of (i) first, (ii) second and (iii) third persons. The meaning of these voices per Coghlan and Brannick (2010) is that the first person research is concerned with the researcher's inquiry into their own life to act out of awareness and purposefulness while assessing effects in the outside world. Coghlan and Brannick (2010) call this "the upstream self-inquiry", which occurs when researchers question their basic assumptions, desires, intentions, and philosophy of life, while the downstream involves inquiring about one's behaviour, ways of relating and action in the world. The meaning of second person inquiry is the researcher's engagement in joint inquiry with others through face to face dialogue, conversations, and joint action in a collaborative and democratic process into issues of mutual concern and sits at the heart of this action research. Traditionally, research has focused on the third voice of where communities of people inquiring beyond the direct second person action lead to

actualisation, impersonal with the dissemination with publishing and generalisation (Coghlan and Brannick, 2010).

The choice of this action research is because it facilitates interaction between researchers and practitioners and the community where research is being undertaken and allows for a more comprehensive understanding of contextual issues than the more positivistic scientific approaches (Tasker et al., 2010). One of the most exciting exponents of action research is Maas et al. (2014), who asserts that it facilitates the study of the emergence of new processes that cannot be captured by standards with pre-set research methods that it does not regard theory or practice as preeminent. Kemmis (2006) adds that action research allows the integration of different perspectives. It is therefore well justified that action research has characteristics suited to study the development of social marketing. In the action research, the participants are customers or potential clients of VMMC, their context, family, partners and friends, I and TWG as researchers, members of the VMMC implementation technical working group and the VMMC social mobilisers as clinical officers providing VMMC service.

Action Research has not been without criticism. The source of criticism and disrespect are the conventional social science researchers with an accusation that action research merely tell stories, lacks in theory, researcher bias exerts undue influence in the context (Greenwood et al. 1993). Other criticism includes producing findings that are not replicable in other contexts and timings and that it is challenging to build robust theory from a single intervention in a single organisation (Harris,

2008). Other views worth noting are that it has not been possible to have neutral-value free reference points, hence providing an opportunity for utilisation of action research because action research promotes the position that reality can only be known through our constructs subject to constant revision. We thus have no way of accessing interpretation-free reality (Zuber-Skerritt, 1992).

In my case, I settled on Action Research for a synergistic approach recognising the enhancement yield to my practice, life, and scholarship as it remains the most viable option to myself. In selecting an AR approach, I avoided adopting a 'good versus bad' approach to making my choice and deviated from traditional research to adopt a problem-solving element of action research, appreciative inquiry with progressive issue addressing terminologies with shared stakeholder involvement and collaboration (McLean, 1996; Cooperrider and Srivastva, 1987).

3.5 Methods of Inquiry

After looking at how Action Research (AR) is defined and enacted, it is critical to consider Bentz and Shapiro's (1998) point about how early action research was implemented. They argue that the concern was changing persons or organisations' behaviours to the desired direction using action research as a problem-solving means. Since then, stakeholders continue to get involved in research design, data gathering, data analysis and implementation of action steps (Bent and Shapiro, 1998). I settled, therefore, on the simplified action research methodology that had an impact on my method of inquiry in the research.

The properties of action research, which are cyclical, start with plan-act-evaluate-reflect spiral cycle with the action of one cycle informing the next the cycle made this choice easy. My method's other property is that it is collaborative where I played a facilitation role and my colleagues and other participants were co-researchers. The element of reflection to address issues and contribute to the body of knowledge also informed my choice. This method section explores how I researched terms of the content and process. I explain how issues were framed, selected, enactment of collaboration and participation, development and sustained, and how data was accessed, generated, captured, and analysed. I also explain how the action cycles were enacted to address the identified issues in tandem and contribute to the body of knowledge.

It has been highlighted that, in collaborative research, one needs to guard against framing issues as problems so that stakeholders may not feel offended. They may start shying away from the collaboration or getting involved in processes that offend other people or make other people look responsible for loss and no confidence in the organisation's ability to resolve the issue but remain detached and uncommitted (Cooper and Srivastva, 1987). In this regard, I remained conscious not to phrase the research issue negatively or around the existence of a problem but address the low and unsustainable uptake of VMMC services among out of school males. I thus choose to frame the issue in the form of transforming promotion into one that provides increased sustainable uptake. I further need to position the collaborator's mind into a future orientation and desired situation as per Coghlan and Brannick (2010) advice of ensuring to avoid the blame game, witch hunting and generation of scapegoats.

I, therefore, discussed with the VMMC TWG and the implementer organisations the importance of the issue and the need to adopt social marketing as part of a winning battle. Of course, there emerged heated debates and scepticism that the issue cannot be addressed and that root causes of poor uptake are beyond the social marketing design understanding. Moreover, I could detect a lack of genuine views by some participants and thus felt that I had to ensure the team's adequate participation to uncover the understanding of the context and generate actions that could be useful for the context while contributing to the knowledge. I ensured, therefore, that the leadership of the Ministry of Health, The Chair of TWG and others, agree to assign me the role of facilitating and preparing academic and results in presentations. Thus, I became responsible for the conceptualisation and implementation and tracking the results over the strategy's latitude. I continued to ponder how I would use the knowledge and this collaboration and especially the emergence to make a change and achieve a learning self-generating and self-maintain system process in the community. I, therefore, thought in the context where the promotion has been undertaking and asking what the problem was. How were my assumptions going to be tested? What is going on in the context? How is what is going on affecting uptake? How should the promotion be improved? What action is needed? The answers were obtained by answering the questions below:

- How is VMMC being promoted in the research area located in Zimbabwe?
- What has emerged in the community because of promotion, observations of the circumcised, or voluntary medical male circumcision beneficiaries?

- How should Voluntary Medical Male Circumcision promotion be done in the community to ensure members consistently and reliably seek services?

The way these questions were pursued will be addressed in the following chapters that dwell on research design and beyond.

CHAPTER FOUR: - RESEARCH DESIGN

4.1 Research Questions

As already summarised in the literature review, the purpose of the study is to determine how social marketing delivery can be improved using the case of uptake of Voluntary Medical Male Circumcision (VMMC) in a non-circumcising community exposed to promotion and utilisation of VMMC services.

The broad aim is to look for improvements in social marketing practices. The specific questions below will need to be addressed in the context: -

Specific Research Questions

- (i) How is VMMC promoted in Zimbabwe's peri-urban location, and why is the desired impact not being achieved?
- (ii) What has emerged in the context after VMMC promotion, observation of the healing process and post healing behaviours in the location?
- (iii) How should Voluntary Medical Male Circumcision be promoted in a community where there have been promotions, observation of VMMC healing process and post circumcision behaviours be undertaken to ensure members consistently and reliably seek services?

The study's scholarly value will be a process on how *community interactions with social marketing for VMMC and other outcomes of utilisation be utilised to improve social marketing design and utility.*

It is anticipated will provide the link (if any) between social marketing and institutionalisation of sustainability imperative.

“... the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals a call to action” (Creswell, 2007; p. 37).

Research design is a combination of methods and procedures utilised to collect and analyse measurements of variables specified in the research problem. These variables include explanations of whether a study is descriptive, correlational, quasi-experimental, experimental, review, meta-analysis, or action research with its analysis plan (Creswell and Poth, 2016). In this chapter, I discuss Action Research (AR) and its superior features concerning other methods for researching in communities and organisations, highlighted as the twinning of research and action and the role played by the researcher in changes to the situation (Huxham and Vangen, 2003). I have created this chapter to describe the research design to increase understanding of the process of (i) gaining access to the research site and participants, (ii) framing the questions, (iii) data gathering and analysis-enactment of action cycles and lastly (iv) evaluation and reporting as guided by Erikson and Kovalainen (2008). The chapter is structured and guided by Coghlan and Brannick’s

(2010) process of undertaking Action Research. Accordingly, *“the insider action researcher, engage as a scholar-practitioner in first- and second-person inquiry or practice as you enact the action research cycles. How do you know what you know? What methodology is appropriate for inquiring in the 'swampy lowlands' of your system? How do you inquire in action?”* (Coghlan, 2014, p. 21.).

Coghlan (2014) provides that to carry out action research in your organisation, it must follow general empirical and repeated action research cycles that involve: -

- (i) Agreeing on an initiative and desired outcome with appropriate stakeholders, then systematically getting the data about the ongoing intervention relative to the objective.
- (ii) Review data collected with others
- (iii) Collaborative analysis of the data and act
- (iv) Jointly evaluating results and further planning.

4.2 Building Participation

As indicated before, I am a Senior Strategic Information Advisor in an entity that supports governments. The government adopted Voluntary Medical Male Circumcision, and the implementation was overseen by the VMMC Technical Working Group (TWG), of which I am a member. In the TWG, we look at various indicators of implementation. These include numbers that circumcise quarterly and challenges that arise in terms of quality and access. The implementation of VMMC includes resource and community mobilisation and expanding access to services

and monitoring the quality of services. Accordingly, I asked members of the TWG interested in the research to co-operate with me in an open, flexible and creative manner.

Therefore, it was not challenging to gain access to community setup or sites through the working group. Most of the TWG members involved in promotion joined with the interest of exploring, challenging, and discussing approaches, findings, and explanations objectively and transparently. However, a possible challenge in undertaking Action Research is the "dual role" as per Coghlan (2014). In this case, it did not pose a challenge because, together with the TWG members, who were co-drivers of the process, I aimed to increase learning and knowledge to improve sustainable VMMC promotion and uptake as a future state. Within the TWG are also members of the implementing organisations that work at the community level. I was fortunate that the implementing partners are based not far from Harare, where I am based and TWG is housed. These members had connections to the small community-based organisations and health workers. Community Support Groups are members of the community who have special training to help the community know about health services and link to services. Once I constituted the research team, identified organisations that promote VMMC and the community groups, the next step was to identify the respondents.

It became necessary to hear from the communities, so I recruited community members with the help of the community support organisations. They possess listings of all members of the community. I checked the listings and identified those

that meet the research criteria, and a random sample was made from the list. Anonymity was ensured during data collection. All identifiers were stripped, and codes used. All the steps as provided by the ethical approval were followed for those who agreed to participate.

Action researchers' primary task is to solve or contribute to solving organisational or community issues. In this case, my research needs to address a specific issue: the low utilisation or uptake of VMMC services by the relevant community members. Initially, therefore, I called for an understanding of how information on VMMC was disseminated. These questions informed my initial research decisions. How do the members of the community perceive the promotion? How should the promotion be improved to cause sustainable uptake of VMMC? I, therefore, was seeking to understand the basis for an action plan to redress the issue. I steered the team to brainstorm on how best to address this issue.

4.3 Building Collaboration and Enacting Action Research Cycles

Collaboration and a transparent approach during research are integral elements of action research (Coghlan and Brannick, 2010). I did, therefore, stick to this principle by actively engaging and leading the research participants in active dialogue and planning for the project. I started by elaborating where we needed to begin, where we needed to go or the desired state, and developed a roadmap to move from the starting point to the end state collaboratively. Most of the participants are technical experts based at headquarters and not at the community level. It was important for

the group to ascertain what was going on at the community level. We sought to understand from the implementations what was going on in the community. It was necessary at the beginning to know where we are and how we got there in the first cycle of action research.

The process continued as per Action Research cycles of plan-act-evaluate-reflect (see figures 4.1 and 4.2 below). I facilitated the sessions to expose my colleagues to action research concepts to have the same understanding as we move along. Since the members were in the national programme, they were conversant with the plan-act-evaluate notion but rather not aware of the reflection component. This concept had to be practised and reinforced over time.

4.4 Enacting the Action Research Cycles

One of the most common depictions of Action Research is the enactment of Research Cycles. In my case, I followed the Coghlan and Brannick (2010) description of the construct-plan-act-evaluate cycle, which involve

- i. Building a collaborative action towards improving the uptake of VMMC in the community with all research participants as follows:
- ii. Engagement in action to obtain the data.
- iii. Reviewing the data and collaboratively evaluating to understand the context and effect of an action
- iv. Planning and taking collaborative action
- v. Jointly planning the activities.

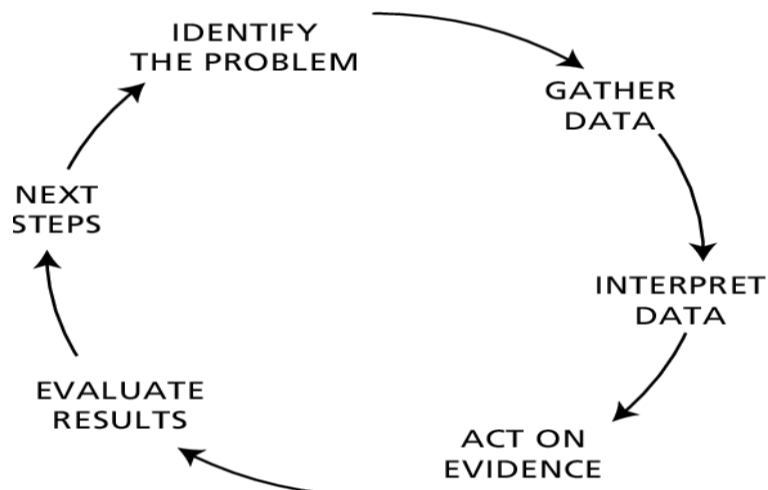


Figure 4. 1: The Action Research Cycles adapted from Coghlan and Brannick (2010).

We managed to enact three actions in the cycle. In the first cycle, an understanding of what is being utilised to promote VMCM was obtained, evaluated and the following action designed. The next cycle was what interpretations occur in the community. The data was analysed and the action of utilisation of what happens in the community was implemented to continue in phases as depicted in the figure below.

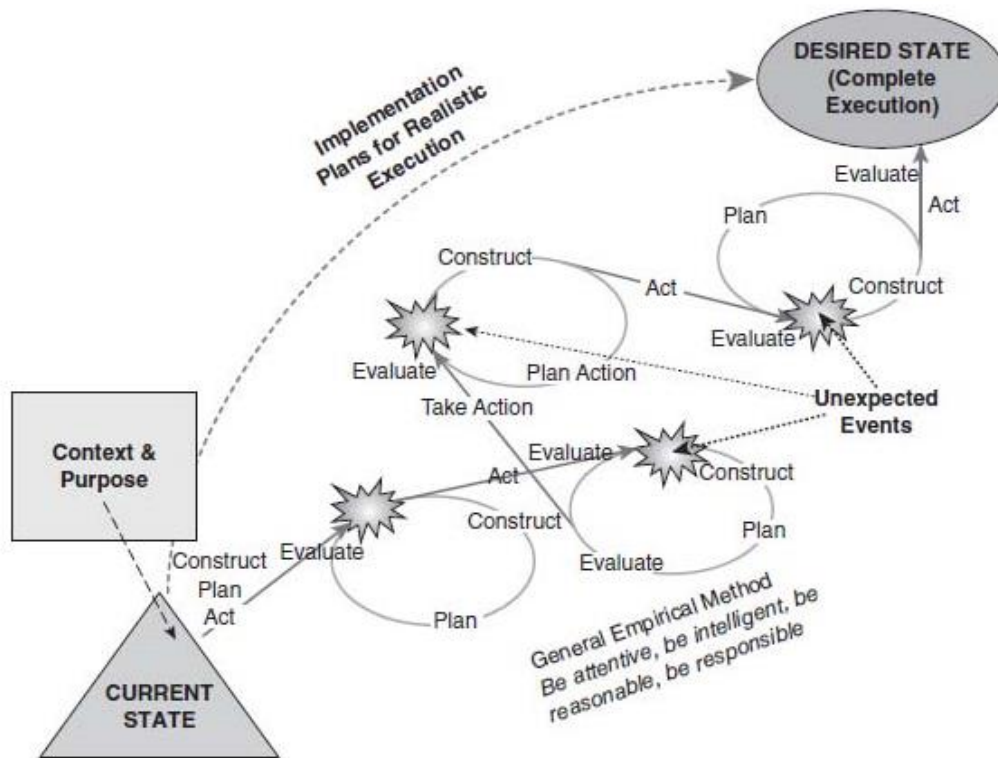


Figure 4.2. Planned Change through Action Research and achievement of research objectives

Source: Coghlan and Brannick (2014, pg. 83)

Action research is not a one-size fits all approach, but that data or knowledge developed is more linked to the context than generalisation (Greenwood and Levin, 2007). We had a boardroom dedicated for this project during the project's lifespan where we met to deliberate each morning, two weeks or when vital decisions were needed. The meetings were more frequent during the analysis stage of the data generated and in dialogues and when decisions on the subsequent actions were required. Data comprised focus group discussions and outcomes. There are intended and unintended outcomes in the outcome of actions as per Coghlan and Shani (2014). You will later see that some of the outcomes were surprisingly encouraging while others were disappointing. The description of the lifespan of the research will be given in detail in the following chapters. The story is provided

through the Action Research cycle's framework and involves (i) the story itself and (ii) its sense-making. The cycles are summarised conceptually in the cycle below as follows.

- (i) Step 1 that is cycle 1 is to understand promotional content in VMMC- then explore what was going on in terms of external inventions to promote VMMC. This was to understand and articulate how VMMC promotion is being enacted within the context.
- (ii) Step 2, which is cycle 2, was understanding the impact of the community's promotional activities in terms of how it has affected the belief systems and the consequences of would-be recipients' actions.
- (iii) Step 3, 4 and 5 being cycle 3 involved identifying how VMMC promotion could be improved to accommodate complex reactions to its communication content and medium within this cultural context. The summary of the cycles are in the table below

Table 3.1: Action research cycles, targeted change, and Audience voices

	Action Cycle	Change needed	Audience (Brannick and Coghlan, 2010)
1	Action Research cycle 1 – Step 1	Understanding of the context	Person 1 and 2
2	Action Research Cycle 2- Step 2 and step 3	Emergence	Person 1 and 2
3	Action Research Cycle 3 – Step 3, Step 4 and Step 5	Sustainable promotion	Person 1,2 and 3

It is important to note that in this thesis, acting could be the process of collecting data. “Data generation can be an intervention in action research” (Coughlan and Brannick, (2014, pg. 89).

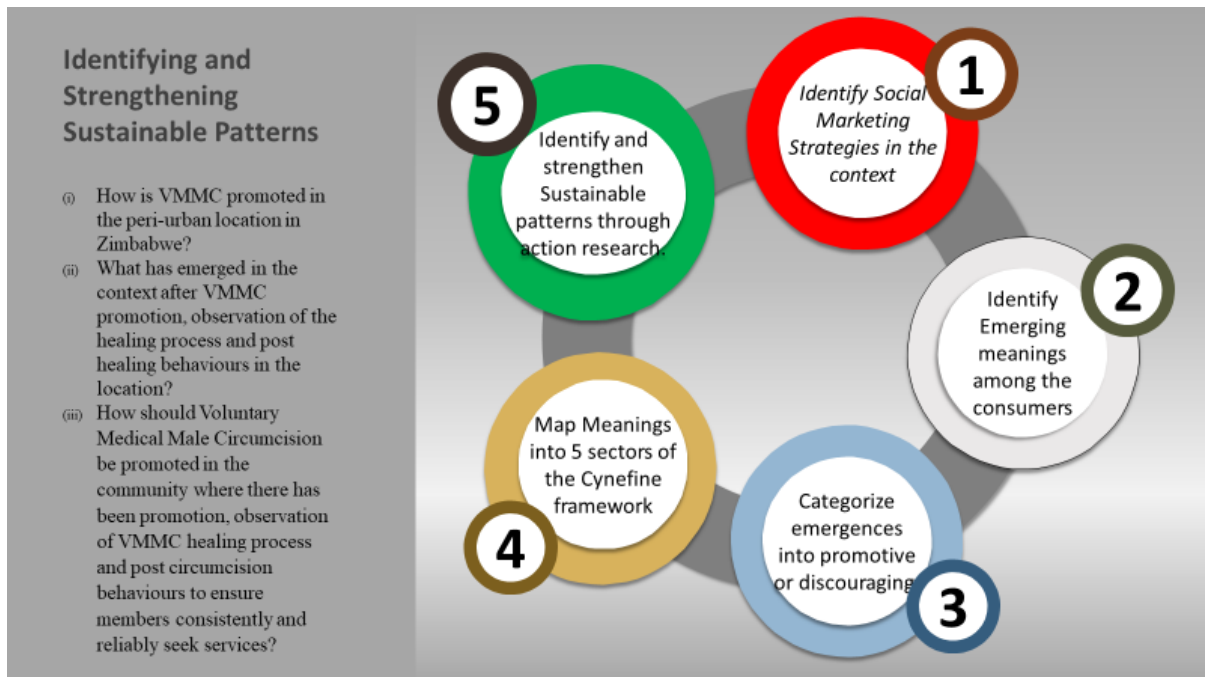


Figure 4.3. Summary processes towards achieving Research objectives.

I later conclude this thesis with a reflection of my changed view in designing promotional campaigns to be an improved community social mobilisation model that guides researchers and practitioners' action to cause sustained uptake of VMMC. I anticipate that it will bring out an improved way of promoting products and services to ensure sustainable promotion and consumption of services.

4.5 Study Population and Study Area

The participants were engaged in this study as 'key informants. They included young males of ages 18-29, community opinion leaders, partners of 18-29-year-old males, VMMC technical working group (TWG), Social marketing developers, promoters of VMMC in the communities and Health Workers providing VMMC services at the facility levels. The population in the three locations comprises two villages, in which the main socio-economic activity is agriculture (mainly gardening, horticulture and subsistence farming) for family consumption. The third group of participants were taxi drivers and their touts.

4.6 Data Collection

In Action research, the term 'data' is broad and of many different types. According to Merriam (2014), "it is the ordinary bits and pieces of information in the context that are concrete and measurable or invisible with difficulties in measuring and depend very much more on the investigator's interest and perspective." In my situation, data arose from minutes, reports, focus group discussions from sample community members and literature. I used various styles to capture data, including daily summaries, recording and transcripts, among many. I followed the questions indicated earlier.

The overall purpose of the study was to improve the design and delivery of social marketing. It involved understanding current activities used in promoting VMMC and identifying emerging community perceptions and meanings during and after VMMC promotion and the use of services as indicated in the earlier literature. Understanding the context was created from in-depth interviews and focus group discussions

analysed using six steps thematic analysis described by Braun et al. (2018). This process enabled the identification of emergences of meanings, actions, and systems in the landscape after using VMMC services in the context.

The perceptions and sentiments affecting meanings were categorised either as promoting or discouraging the uptake of VMMC. They were also mapped into the five sectors of the Cynefin framework to determine how solutions should be addressed in the context by the VMMC technical working group. The emergences were also categorised into the constructs of either motivation, facilitator, or barrier within the VMMC promotion context. Improved social marketing is expected to address low uptake by achieving increased and sustainable promotion and uptake. Action research was utilised to check whether utilisation of emergence promise increased uptake and sustainability. Figure 3.1 (See the previous chapter) provides a summary of the journey in sequence towards achieving practical and knowledge contributions of this thesis.

To understand how the community members interpreted and responded to the social marketing, they, together with service delivery staff and social marketing agents, were engaged through interviews and focus group discussions to 'mine' their collective thoughts. Using semi-structured interview questionnaires and focus group discussions, the aim was to determine whether their perceptions motivated the desire to consume the VMMC service.

The questions are guided by the arising need to understand the situation as a complex dynamic landscape. In the literature so far, the Cynefin framework has been designed as a phenomenological framework used to understand how people perceive and make

sense of situations in the ordered or unordered situations (Kurtz and Snowden, 2003). This is compared with the current practices and the social marketers' intentions as mapped into the Cynefin framework. Those that fall on the 'complex dimension' will be utilised in action research that seeks sustainable social marketing ingredients. It is assumed that what has grown in the community, if identified and strengthened, poses sustainability potentials.

The themes obtained from the focus group discussions between the social marketers and the community can inform promotional design in the context, as per Conklin (2010), who says that "collective intelligence or knowing together is a natural property of shared cognition and enables natural collaboration because he says the impeder of collective intelligence is fragmentation". Conklin (2010) describes it as the situation where individuals see themselves as "fragmented": being separate and disunited, thus making information and knowledge complex or chaotic and distributed (Conklin,2010). He proposes that to address fragmentation, collective intelligence and commitment to a common goal are required, thus justifying my choice of a dialogue group between the social marketers and the target community. As such, I hope to enable sequential problem solving, utilising the social approach in action research, with knowledge being interpretative and socially constructed and thus collaboratively taming a problem.

Focus group discussion is considered key to this project. According to Robinson (1998), it can be used for needs assessment, looking for improvements in programs, identifying outcomes and impacts, discussing sensitive issues and topics, and supporting the group on a phenomenon. Focus group discussions look at experiences, attitudes, knowledge, and possible practices (Conklin,2010). They, therefore, question how these ideas develop and operate within a particular cultural context and what influences the constructions of these ideas and attitudes. The analysis of these

narratives using thematic analysis provides themes that will be subjected to the Cynefin framework and the determination of whether they are motivators, facilitators, inspirations or barriers, and whether they can be sustainable. The analysis will be carried out as below.

4.7 Thematic analysis using Template Analysis

Analysis of Interviews and Focus Group discussions are the heart of this research and rests on identifying patterns arising from focus group discussions and interviews. Braun and Clarke (2019) and Fraser (2004) have fronted thematic analysis as an analysis method that captures patterns, which are sometimes, called themes coming out of qualitative datasets. Despite this, they illustrate that thematic analysis is just an umbrella term with sometimes-different qualitative analysis approaches, sometimes including a coding reliability approach, a codebook approach, and a reflexive approach. The term theme is either domain summaries or shared meaning-based patterns in the case coding seeks interpretations or local meanings (Braun et al., 2019; Braun et al., 2014).

In this thesis, the theme is taken as defined by Braun et al. (2019), reflecting a pattern as shared meaning that is organised around a core concept or idea called central organising concept and thus capturing the essence and spread of meaning in a context. According to these authors, the theme unites data that would otherwise appear disparate or a meaning that occurs in multiple and varied contexts through explaining the significant portions of the data set. It is said that they could be abstract

entities or ideas capturing implicit ideas beneath the surface of data with sometimes capturing explicit and concrete meanings build from smaller meaning units called codes (Desantis and Ugarriza, 2000; Terry and Braun, 2016). The contrast of this is when the domain is understood as summaries of what participants said concerning a topic or issue at a semantic or surface-level meaning with sometimes multiple or contradictory meaning content (Braun et al., 2019).

The process of analysis in this research utilised template analysis. Template analysis is said to be one form of thematic analysis that utilises hierarchical coding with a balance of high degree of structure in the analysis of textual data (Brooks et al., 2017). According to Brooks and King (2014), template analysis meets the flexibility of adapting to any study's needs with no rigidity of setting in advance sets of coding levels but encourages the analysis to develop themes extensively where the data concerning the research questions is found. Template analysis has a central property that involves developing a coding template beginning from a subset of data and applied eventually to all data with revisions and refinements in a seven-step process (Brooks et al., 2017). Another essential feature in template analysis is that it does not insist on an explicit distinction between descriptive and interpretive themes, nor a position for each type of theme in the coding structure (Brooks et al., 2007). It does, therefore, give room for researcher descriptive themes that emerge from the data and support the researcher's position. Thematic analysis remains the most widely used form of analysis across qualitative research, too (King, 2016), especially where patterns are sought.

One other important characteristic of template analysis is the use of *Priori* themes in the analysis (Brooks et al., 2017). *Priori* themes emanate from the researcher focusing on the phenomenon under investigation or when an issue concerning the research question is already well established. Madill, Jordan and Shirley (2000) add a characteristic of template analysis described as "contextual constructivist", referring to the assumption that there are always multiple interpretations made for any phenomenon. It involves the researcher's subjectivity concerning the specific social context of the research. The use of *Priori* themes resonates with my focus on the complexity in this study, together with identifying sustainability imperatives, facilitators, and inhibitors to the consumption of VMCC. The template analysis would allow the use of *Priori* themes and allow a multiplicity of viewpoints in the themes and codes identified. The multiplicity of viewpoints will further be mapped in the Cynefine framework.

The data in which thematic analysis can be applied will include interview transcripts, focus group discussions, diary entries, open-ended question responses on written questionnaires, among much textual data that could be from digital platforms (Goldschmid et al., 2006; Locket et al., 2012; Haywood and King, 2009 and Thomson et al., 2010; Stubbs et al., 2002). As in the case of template analysis, it can be applied to a wide range of data that is textual. Most of the data in my action research cycles include focus group discussions transcripts, open-ended questions interviews transcripts and reports summaries. My data, therefore, qualifies to be analysed utilising template analysis. In cycle 1, reports, key informant open-ended interviews, focus group discussions were used. The interviews and focus group

discussions were transcribed and analysed using template analysis. The final template for each question is provided within the action research cycles.

Template analysis as a form of qualitative data analysis and one of the families of thematic data analysis focuses on organising and interpreting qualitative data through a process of seven simple steps outlined below (Brooks et al., 2017). As in all thematic analysis, it involves defining themes and organising them into a structure that brings out a conceptual relationship between themes and may be guided by theoretical and philosophical differences in methodology (King, 2016). I, therefore, followed the procedures outlined by Brooks et al. (2017 and King (2016) in analysing my textual data arising from research design within the action research cycles. The steps are as follows:

- i. After collecting the first set of data, I undertook a familiarisation tour with the data to know the data through reading through the transcripts several times. I always listened and watched the recordings back and forward. I was able to get acquainted with the data and recall the conversation.
- ii. In the second step, I undertook preliminary coding (King, 2016) and aligned it to answering my research questions. Already I am dealing with promotion, sustainability, and complexity. I looked for a point of interests that supports this priority focus because of my theoretical interests. This approach is provided for the preliminary stage of template analysis.
- iii. The third stage is called clustering (King, 2016) and involves clustering emerging and priority themes into meaningful groups within a hierarchical order where broader themes consist of one or more level of more narrowly focused themes.

- iv. The fourth step involves producing an initial template in table format.
- v. I further refined the template using the full transcripts and extant literature
- vi. Final template is developed once no more significant changes occur when the data is looked through and compared with the prior themes and the theoretical wisdom.
- vii. The final templates were then written and utilised in the action research cycles.

These seven steps were repeated in cycles where focus group discussions and interviews were undertaken. The resulting templates are provided within the action research cycles and utilised in learning set groups dialogues to confirm the possibility of obtaining patterns generated in the communities in line with complexity theory. The patterns are assumed to be inside the focus group discussions and interviews and are mined until saturation is achieved utilising complex adaptive theory lenses. The template analysis continues the process, progressing from the description to where relationships are constructed to show patterns in semantic content and summarised as interpretation where there is the theorisation of the significance of the implications. In this thesis, the patterns are categorised in the Cynefin framework as simple, complicated, complex, chaotic, or unordered, then also when they are also categorised as motivators, facilitators, or barriers. In this way, therefore, patterns are shown to have a significant implication to uptake with their significance interpreted as motivation, facilitation, barriers or inspirations. The rigour of assumption of complexity or wickedness will be demonstrated through mappings into the Cynefin framework supported with other documented ways when deciding complexity in a context and using code maps. Therefore, it is critical to

explain how the Cynefin framework is conceptualised as a tool for decision-making in a complex context.

4.8 Cynefin Framework and patterns in the new context.

“Make sense of complexity and spur action”. Sowden and Boon 2007

Partners implementing voluntary medical male circumcision (VMMC) undertake social marketing campaigns at a frequency of 2 to 3 times a year in communities. This paper assumes that this triggered changes in the landscape or context. There is an assumption here that interaction of the systems, individual and community, promote or undermine the promotion of VMMC in the form of emerging patterns. The most successful campaigns are those in school setups but not those done in the community (NAC, 2018). Success in schools may be attributed to youngsters listening to teachers and promoters and influence from peers who have undergone circumcision. In the community, very few people turn out for the campaigns and few of those who turnout accepting to be circumcised (MoHCC, 2018). It does, therefore, look like there are many specific situations within the same context, and hence the assumption that one approach fits all may fail. From Nolan and Varey (2014), Burman, Aphane and Delobelle (2016), as well as Kurtz and Snowden (2003), it may be that the information is correct scientifically but elucidates different meanings within the community set up. I will, therefore, use the qualitative approach to attempt to capture the patterns in the community, then map these patterns into the domains of the Cynefin framework.

Snowden and Boone (2007) point out that the Cynefin framework can be used for sense-making in a challenging situation or when tangled with ambiguous or unclear decision-making context. Cynefin, according to Snowden and Boon (2007) help leaders through the disaggregation to make optimal decisions in responding to the challenging situation. They further say that it helps decision-makers re-perceive situations so that heterogeneous contexts are opened for nuanced interventions.

The Cynefin framework described below provides five normative decision-making domains that facilitate situating relevant issues, calling for indicated decisions. They provide that each decision-making domain relates to a knowledge context and require context-specific response typology. They define context as the degree of the existence of linearity or non-linearity prediction of a cause-effect relationship. For use, therefore, in decision making, issues faced by the system and or environment are sorted into these five domains. An appropriate response typology can be used by identifying whether there is a known cause-effect relationship in terms of the opportunities and challenges as follows, the 'obvious' or 'simple', the 'complicated', the 'complex', the 'chaotic', or 'disorderly' or disorder domains.

4.8.1 Summary Descriptions of the Domains

Figure 4.1: Summary descriptions of the Domains from Snowden (2002).



In this domain, some relationships are identifiable as the cause-effect relationship with a clear demonstration of linearity where outcomes are predictable. It is here that the optimal decision is to utilise best practice exists. Examples are in the case of a lack of awareness of a given product or service that customers would want to use. In this case, the best practice would be to provide information through various media regarding the product's efficacy or service for the intended purpose.

4.8.1.2 The Complicated Domain

The cause-effect relationships exist in this domain, but it is specific to a context or situation or the system in the process (Snowden and Boon, 2007). The contexts are separated or related to space that governs the interactions of the phenomena. The cause-effect relationships are not prominent or visible, or clearly defined to everyone but to the expert. With specialised expertise and to get optimal decision and action, a practice could be identified and utilised.

4.8.1.3 The Complex Domain

According to the framework's developers, the Complex domain is where cause-effect relationships are nonlinear with basically almost no real cause-effect relationship to rule or guide decision making. There are unpredictability and flux in the landscape (Snowden and Boone, 2007). The absence of cause-effect relationships does not prevent usage of what Snowden and Boone (2007, p.72) calls 'instructive patterns' or guiding patterns to move the system towards the required outcome. Snowden and

Boon (2007) propose that in the scenario, the leadership should probe as a first response to destabilise the system from the current state then analyse the outcomes of destabilisation. According to Dickens (2012), "The patterns that move the system to desired results are reinforced while those that detract from the objective are destabilised" Both Dickens (2012), as well as Snowden and Boone (2007), intimates or agree that the kind of leadership required here is that which depends on participatory innovation, feedback, and mutual learning. It is important to note here the similarities in this domain to those of the complex adaptive system described earlier as the potential of creating influencing survival of sustainable patterns.

"The complex is a domain of Informal/interdependent grouping and actions with a high opportunity of learning and abstraction" (Snowden and Boone, 2007).

There is the abstraction of shared experiences, values, and beliefs arising from the informal groups, channels, and actions in this domain, representing is the shadow or informal organisation, that complex network of obligations, experiences, and mutual commitments without which an organisation could not survive. The ability to convey high levels of complexity through a story lies in the highly abstract nature of the symbol associations in the observer's mind when she/he hears the narrative (Snowden, 1999b). It triggers ideas, concepts, values and beliefs at an emotional and intellectual level simultaneously. A critical mass of such anecdotal material from a cohesive community can be used to identify and codify simple rules and values that underlie the reality of that organisation's culture (Snowden, 1999b). At its simplest manifestation, this can be a coded reference to experience.

Human systems are complicated – a complex system comprises many interacting agents, an agent being anything that has an identity. We all exist in many identities – the author can be son, father, or brother in different contexts, similarly with workgroup identities, formal and informal, and various social groupings (Juarrero, 1999). As we fluidly move among identities, we observe different rules, rituals and procedures unconsciously. In such a complex system, the components and their interactions are changing and can never be pinned down. The system is irreducible. Cause and effect cannot be separated because they are intimately intertwined (Juarrero, 1999).

4.8.1.4 Chaotic Domain

Like in the complex and complicated domains, the cause and effect relationships are not evident (Snowden and Boon, 2007). The domain is too confusing to wait for any knowledge-based response (Lambe, 2007). To respond within the context, taking immediate action to constrain the problem is the only available way. Thus, the domain of act-sense and response where the action is to establish order, then sense where the stability is situated, then respond with turning the chaotic situation into a complex situation.

4.8.1.5 Disorder/Confusion Domain

As seen in figure 4.1, Snowden (2002) situated this domain in the centre of the four domains and is indicated to represent situations where there is no clarity on which of

the other domains apply. When it is tough to know which of the domains apply to the situation, multiple perspectives are jostling for prominence with arguments going on endlessly. It is recommended by Snowden and Boone (2007) that to deal with disorder, break down the situation into the components parts and align with the other four domains for decision making.

4.8.1.6 Moving through the Domains

It is reckoned that as knowledge increases, situations move clockwise from chaotic to complex, then complicated and finally simple. Sometimes, the build-up of biases or complacencies can cause catastrophic failures or chaos, with movement occurring from simple to chaotic due to lack of order and requires a quick imposition of rules (Snowden, 2002).

4.9 Implementation of the research design

The questions conceived were first tested in the Seke and Kamfinsa area. These were the semi-structured interview tool and the Focus group discussion guide and the recruitment questionnaire as reflected in appendices D to L. Once the tool looked reliable and relevant, it was administered in the Seke community on selected mixed men and women and in Kamfinsa Shopping centre with taxi drivers and their assistants who are generally men between the ages of 18 and 29. The selected men and women were deemed as parents and opinion leaders in the community. These are potential influencers to potential consumers in the community. The interviewing

was conducted in the local language, with responses sometimes happening in English or Shona, the languages most spoken in the area. During the interviewing and the focus group discussions, two research assistants helped in translating questions and response. The participants were registered, and codes provided to them so that they can be identified during transcribing. It is, however, important to note that no personal identification information was included in the register, but codes were used as per the ethical approval. One of the research assistants helped me facilitate the interview by translating questions and responses, while the other was recording using both recorder and notebook to ensure that the speakers could be identified through their codes when transcription was being done. Once the interviewing or the focus group discussions were complete, I transcribed from recorded data to transcripts from both Shona and English. Therefore, two transcripts are available for each interview or a focus group discussion - one in Shona and another in English.

The same process was repeated for interviews and focus group discussion in Kamfinsa. Data collected in Kamfinsa was from potential consumers who are taxi drivers and their helpers. In a village in Seke, data was collected from potential consumers of age 18-29 years. Sometimes others were older. Young ones were denied the opportunity because the ethical approvals did not include their participation. It is important to note that interviews and focus group discussions were adopted based upon leads obtained from initial information from coding as it progressed. Data collection was completed, and initial data analysis is done from the narratives and mapped into the Cynefin framework. However, it is important to note

that current information and codes developed are enough to inform an action that can be used in the subsequent action research cycle.

4.10 Analysis of data and Generation of Actions

The summary of the questions used is provided in Annex A. The narratives were collected from interviews, focus group discussions and dialogues. The in-depth interviews and focus group discussions were mainly in the local language. They were translated into English, typed word by word in Shona and coded using narrative analysis of getting themes, actions, actors and consequences, which according to Strauss (2008), uncovers a description of what is happening and rigour in being faithful to the reality arising from the phenomena under study. The process uncovered the understanding of what lies behind any social marketing actions and uptake of VMMC. It was discovered that little is known concerning low uptake, the context in which it is embedded, the actions/interactions strategies by which it is handled, and the consequences of those strategies, leading to the creation of new knowledge about the context by identifying factors shaping a phenomenon (and their interactions), thus offering an in-depth understanding that informs the practice of policymaking and scholarship.

4.11 Issues of Insider Bias

There exist challenges related to insider researcher in business and other studies (Anderson et al. 2015, Blythe et al. 2013) because organisations are social

constructions (Coghlan, 2014), which can be viewed as communities that have arisen from meaning and evolved culture guided by rules, roles and interactions. The advantages of being an insider researcher include being granted access to the organisation's knowledge, tools, policies, and possible funding to the research (Anderson et al., 2015; Coghlan, 2014). Despite these advantages, a review of the literature indicates that sometimes it may be viewed as fatal, as claims to scientific contributions are weakened (Weick, 2012). I encountered challenges with colleagues who thought that the problem I was trying to uncover was obvious. Some were jealous of thinking that I have an agenda to be promoted beyond them. My boss, on the other hand, thought further research was necessary. Filho (2019) states that insider researchers' encounters could be affected by the need to comply with those in power within the organisation. Other implementers were resistant to give information for fear of criticism. I also had my personal bias of wanting the country to achieve its target, which, in a way, helped me to look for things that can work. I hope I was not blinded.

Considering that my position had various positional implications, I familiarised myself earlier on these biases by looking at literature. Literature suggests that a researcher's success in a search situation is founded on the studied disinterest, focusing mainly on aims and purposes of the research bearing in mind the organisational agenda (Anderson et al., 2015, Blythe et al., 2013; Taylor, 2002). Other strategies include independence, use of learning sets in decision making with a focus on scientific value, independence of purpose and interdependence of purpose, responsibilities and methods and getting concerned with scientific rigour and practical relevance

Therefore, in my case, to avoid bias from various angles, working with TWG provided an independent and professional team that was helping in decision-making that are objective to the improvement of VMMC promotion. Periodic presentations of updates and findings helped in the identification of errors and provision of constructive criticism. The use of literature was also a critical guide. I also practised reflexivity and valued reviews from a supervisor. Another credibility against bias is the fact that researching in one organisation provides “ access to the drama of the informal organisation with all its paradoxes and problems, Schon's 'swampy lowlands', and what Evered and Louis (1981) see as 'blooming, buzzing confusion’” (Coghlan and Brannick, 2014). They confirm that action research, as I utilised, is a method that takes advantage of this opportunity.

CHAPTER FIVE: - WHAT IS GOING ON IN THE CONTEXT?

5.1 A Quick Brief

This chapter presents the outcomes of action research involving engagements by the researchers with the communities of Seke, Epworth and Kamfinsa through a sample of Kamfinsa men, Seke boys, and partners of men and parents of young men in the areas. Chapter 3 and Chapter 4 has described qualitative data generation. The small amounts of quantitative data are presented at the end of this chapter. Qualitative data showed the respondents' differing perspectives and presented clues towards emerging actions/strategies, leading to proposals on the needed changes at the community level, practice and scholarship. The findings, therefore, combine perspectives and reflections with their outcomes or processes. This chapter explains how the researcher engaged with stakeholders in preparation for action research, how it was planned and which questions were required to uncover the contextual reality. Among the select questions used in the brainstorming session with the team were:

- (i) Do we know what we are doing in the community?
- (ii) Do we know what is going on among the various types of community members?
- (iii) How will we get communities to buy into the ambitious dream of making VMMC their responsibility? What evidence do we have to inform the actions that we need to adopt?
- (iv) How can we transform these communities to embrace VMMC more than how we are doing now?
- (v) Can VMMC continue beyond the life of the current project?

The brainstorming meeting weighed these questions and unanimously agreed that uptake was below expectation. The source of uptake information being various reports and presentations from the implementers and donor agencies who continually call for something to address the situation. I was careful to caution or attenuate big expectation citing that my study was limited to a small geographic area because it is an afterthought in the VMMC program after the massive rollout of VMMC promotion. I explained the problem's existence with outcomes expected to inform TWG, Government, community, stakeholders, and scholarship community. The resources available would only allow focus on small geographic area and limited type of population.

In the parts following, I will take you through the three action research cycles we undertook. I am not merely describing the events but rather the analysis bringing out different perspectives and reflections that accrued thereof. In enacting cycles with

VMMC TWG, the first meeting was devoted to the purpose of this study. The purpose being of improving uptake through identifying emerging meanings/perspectives, systems and actions that have developed in the context. I highlighted that it is a known fact that action research is strengthened by grey literature on VMMC promotion. I shared with the team the grey literature I had already reviewed and reflected upon as part of the literature review for this candidature. The literature centred on Complex Adaptive Theory and the hope that it will aid in planning collection and analysing the data. The analysis is in tandem with postulations of the complex adaptive theory that interventions generate interaction of agents and systems in the landscape resulting in unpredictable outcomes or context. The first cycle of the action research captured the perspectives of the various players in the context in regards to promotional activities. The second action research cycle identified emergencies while the third cycle focused on utilising emergences

5.2 Action Research Cycle 1- What is going on in the context?

5.2.1 Defining the Issue and data collection.

Having agreed that the objective of the study was to transform the community, the work proceeded immediately. The first two questions in the list previously provided became part of the first cycle of intervention. The TWG and research team wanted to understand what is going on in the context. In the box above, it would answer questions (i) and (ii). These questions align well with the research questions. Therefore, it involved conducting interviews among the stakeholders implementing

the campaign to promote VMMC and review national and local reports. The interviewees included Ministry of Health officials at national, district and the facility level. It was critical that the team share roles of interviewing key respondents and summarising national and district reports from various sources. The respondents consisted of those supporting promotional activities in the context. They were VMMC house-to-house promoters called mobilisers, select members of the community and its leadership. The process followed the action research process of (i) defining the issue, observe and collect data, (ii) planning action/intervention, (iii) acting or intervening, (iv) analyse and reflect on action/intervention results for my own and organisational learning. The team followed the cycles until ready to develop and report the results of the study.

5.2.3 Planning Action/Intervention

As indicated earlier, the first task of the action research team was to understand what is happening in the context. The route to understanding was through hearing from the community members and those planning and funding the campaign. During the brainstorming session, we agreed that we would need to verify what the implementers and the Ministry of Health officials say is happening on the ground. Sometimes what is perceived as fact may not be what is being practised (Brown, 2010). We then planned to carry out interviews and observations. Teerikangas and Irrmann (2016) found that there is power in practised values over espoused culture and that there is a need to leverage practised culture beyond espoused values. Brown (2010) commented on the gap between espoused belief and practice and that, in reality, there exist numerous cultural allegiances and interpretations within

communities and organisations when members make sense of a new era. In this regard, we followed the sequence of action research of define, observe, and collect data. It became clear that data would provide complete triangulation of information comparing espoused by designers, policymakers and implementers with what the community perceives as happening. Therefore, the action was to collect data to provide this opportunity, analyse what is happening in the community and compare it as espoused by policymakers, implementers, and other external leaders.

5.2.4 Acton & Intervention.

Interviews, observations, and focus group discussions were therefore necessary. Focus group discussions and in-depth interviews are qualitative approaches that help gain an in-depth understanding of social issues (Nyumba et al., 2017). The data from a purposefully selected group of individuals rather than from a statistically representative group was proposed. Berkes (2004) says that the link between perception and the socio-cultural situation makes it critical in decision making. People obtain notions, mental constructions and interpretations surrounding a context leading to experiential knowledge. Focus group discussions and in-depth interviews are almost similar (Nyumba et al., 2017). Population Service International (PSI) representative in the area, the community support group representative on the ground, and the demand creation officers should be interviewed. Focus group discussions were conducted twice with three groups consisting of 16 members of Seke adults having two groups of adults or parents of young men, young men and their partners all in Seke partners. Six focus group discussions were conducted, with each group engaged twice. Interviews were conducted with the District Ministry of

Health Education office, community support group leader, and the National VMMC coordinator, a promoter from PSI and a District promotion officer. I was assigned to interview the Ministry of Health officials at the national and district level, the community support group coordinator, and the PSI colleagues. The community member's relevance was because they get targeted for service uptake while the others are engaged in the design and implementation of the campaign.

The question raised with PSI and Community Support group organisation was to explain how they create demand for VMMC in the locations. The query for the community members was how they interact with the VMMC promotion on the location. A similar question asked of the Ministry of Health, national and district offices, and community coordinators. In total, forty individuals in the community were interviewed, and 36 participating in the three focus group discussions. The other source of information was review reports and literature on what has been done in Zimbabwe generally. I was assigned this task and to report to the team.

5.2.5 Analyse and reflect on action/intervention.

Table 5.1: Key and Follow up Questions.

- Key and follow up questions for community focus group discussions and implementers
- How is VMMC promoted?
- Have you heard about Voluntary Medical Male Circumcision in this community?
- What activities do you undertake to promote VMMC in your focus area?
- Could you describe what you heard regarding Voluntary Medical male Circumcision?
- Could you describe where you heard this information and who was providing this information?
- Could you describe who was promoting VMMC?

5.2.5.1 Data Generation as an Intervention

Data generation is an intervention in action research and comes through engagement with others in action research cycles (Coghlan and Brannick, 20014).

“Therefore, it is important to know that acts which are intended to collect data are themselves interventions”. (Coghlan and Brannick, 2014, p. 89). In the action research, some acting is collection of data.

In this case, therefore, data generation was an intervention to change to practices of the TWG, campaign designers and promoters at the ground. The information collected was analysed using template analysis. The following sections provide the themes obtained.

5.2.5.1.1 Espoused activities/strategies.

The term 'espoused' is taken here to mean designed strategies for social marketing, endorsed by the technical working group (TWG) and approved by the government and assumed or believed to be under implementation or exposed to the community uptake of VMMC. The obtaining of espoused was through interviewing PSI, government officials and implementers. Espoused was also obtained through review of documents that included minutes, project documents, reports and presentations.

The interviews and reviews revealed that PSI utilizes promoters, mass media, and social media approaches to disseminate information to communities. The overall purpose is to introduce VMMC, the benefits of VMMC, the safety of VMMC, where one can get VMMC and frequent questions about VMMC. PSI also uses promoters stationed in the community. The promoters are of two types.

- Those based at the ministry, for example, Village Health Workers.
- Those directly employed by PSI and under the direct supervision of PSI.

They also indicated that they develop jingles, advertisements, and radio announcements, among many other avenues of promoting VMMC nationally.

Despite these efforts, PSI revealed they encounter challenges in convincing men. They said that to get a man is a tricky business because they are busy working, men are known to have poor health-seeking behaviour, and this is confirmed in various literature (Johansson, 2000; Galdas, Cheater and Marshall, 2005; Shaikh and Hatcher, 2005; Mackian, 2003). They indicated that they have to use much talking to convince men. They have to take their time, but occasionally they succeed to convince. *“One way of expressing this is that men do not just walk in but demand in-depth information regarding benefits and challenges attached to VMMC”.*

Promoters or implementers at the community level and central designers indicated they promote VMMC for HIV prevention and other benefits. They include in the campaign other health services for men that include diabetes screening, cervical cancer information, and hypertension screening, among others. *For example, one promoter indicated that it took his uncle two years to accept the service.* It took explaining and explaining and explaining about VMMC and other related issues.

The information given by designers and implementers compared with how the community members interviewed and engaged in focus group discussions perceive or interact with VMMC promotion.

5.2.5.1.2 Perceived by the Community

The community members described how they have interacted with VMMC promotion, such as the provision of information by health workers when they visit facilities, usually when a man goes for reproductive health services, STI treatment

and other services. Other ways that community members interact with VMMC include meeting with campaigners in public places. Community members together with PSI and community support groups identify mobilisers. Community members indicated that community health workers, local community members, mobilisers hired by nongovernmental organisations identified these campaigners. They are hired and provided some allowances for their upkeep, some salary, and incentives for those they target.

Other campaigners include Nurses at the health facilities within the neighbourhood. The strategies employed by these campaigners include branding of vehicles, uniforms, banners, and t-shirts with information on VMMC and VMMC brand of “*Be Smart*”. Other ways include using radios in distributing information from celebrity songs, jingles and drama, TV advertisements and celebrity interviews. Newspapers, adverts and flyers carry information on VMMC, including benefits including the location of VMMC facilities. The template analysis provided how the respondents perceived the promotion of VMMC within the context. Then process went back and forth to ensure that the study examined whether the planners clarified the activities mentioned by the respondents. Despite this, there were others in the group that reported they have not interacted with VMMC promotion.

5.2.5.1.3 Awareness

Responses from the focus group discussions indicated that the majority of the participants were aware of VMMC. Most of the participants indicated that they have

heard about VMMC, its benefits and where they can get VMMC. They further that they continue discussing VMMC in the community. The discussions indicate that there are mixed perspectives on the awareness about VMMC. The excerpts below indicate VMMC promotion has taken place, and there are various complexities involved, e.g. 'participant parent 15' from Seke rural who is married with children and uncircumcised, indicated that, *“Yes we have heard about it and we discussed about it at this particular place and we have strongly accepted the program.”*. Many supported Parent 15's responses. In support of parent 15, 'parent 2' from Seke rural, who is married too, stated, *“Yes we have heard about it and the program is circulating in the locality.”*

'Parent 6' from Seke stated that, *“I am very aware of VMMC, and I have heard that it's an advantage, especially if your husband is promiscuous so that if they sleep around, they do not contract diseases and then transmit to their wives.”* 'Consumer 16' said that *“What can we say? We heard a lot!”* while 'Consumer 14' and 'Consumer 18' claimed they had not heard about voluntary male circumcision.

The diverging views were not significant. There was a convergence between what the espousers and the community members said. It appeared, however, that VMMC promotions had generated different reactions and interpretations based on the values and position of the individual in the various relationships in the community text. These unexpected reactions and interpretations will be expounded later when the emerging beliefs arising from local discussions are covered.

5.2.5.1.4 Local Discussions

From the focus discussions, it became clear that when the VMMC campaign is undertaken, local discussions ensue in the community. These discussions involve how the receivers of the information perceive the information. The focus group discussions done with Seke parents, Seke and Kamfinsa men provided these accounts. Both circumcised and uncircumcised males

A finding from Skolnic et al. (2014) is in tandem with the above outcomes and provides that 47% of people found out about circumcision from friends meaning that probably friends or peers contribute much of the integrated belief model perceptions.

Focus group discussions elicited that the information about VMMC in the community is received differently depending on the listener, the presenter of the information and the topic's relevance relationship to the consumers.

It should not be assumed that information about the availability of VMMC and for other purpose is sufficient to lead to individuals taking action. A parent who says that demonstrates this *“I think a human being takes two stages on something, for someone who is passing the information they take two stages to hear and understand in the presence of that thing. When they have reached the level of understanding he comes and passes the information to someone who was enclosed*

[gestures indicating] someone who was enclosed or did not get the information”

(Parent 1 from SEKE).

Parent 2 from Seke expressed that, *“What I can say on that note is when the information was being passed on to us, it was conveyed/ passed in a proper and good way because it strongly explained all the reasons why we should be circumcised. We fully understood that this has health benefits to us and the future of the young ones in their lives. There and then, we did not dispute it because it came out very well. What I realised now was to pass the message to others and for them to fully understand the issue and where it stands”*. It becomes clear that consumers need deeper information while consumers such as spouses interpret the information according to their values. It is also evident that specific actions such as local discussions get generated. It becomes clear also that promotion elicits different actions and beliefs within the context.

Accordingly, Kurtz and Snowden (2003) say things can be ordered and unordered simultaneously, not only in the imagination that with equilibrium, where there are things at the Edge of Chaos. More precisely, they suggest that it is always premeditated and the spontaneous segments that can be called 'organic' and interlocked side-by-side supporting each other or juxtaposed to each other like the area of planning unplanned with relationships exists and making existence suitable. The assumption of what is going in the community is planned rather than unplanned hence probably why specific planned actions do not achieve optimal expectations.

Table 5.5: Personal Reflections and Link literature

First and Second person learning.

The review on documented approaches has pointed VMMC has been promoted. It identifies initiatives used in promoting VMMC in the communities. The literature points out that only two other strategies or actions have been utilised apart from messaging. These are the use of economic compensation and the use of football tournaments. The literature points out the motivation for VMMC include HIV prevention, penile hygiene, and associated benefits. It is important to note that peers act as role models among young people and play a significant role in forming normative beliefs about VMMC during their interactions. Peers are more likely to succumb to the belief of VMMC as a social norm than in thinking of it as a prevention action.

It is noted that no other strategies like community organisation and community building have been mentioned as part of social marketing strategies for VMMC or promoting VMMC. Most documented approaches involve targeting individuals. It is important to note that there is no mention of promotions leading to successful sustainable uptake, as it appears they are only successful during the lifetime of the promotion. It, therefore, proves that the doctoral topic is novel, and there is a need for research into sustainable uptake and taking into consideration the perspectives that support perceptions from the community and utilising community organisation and building concepts with taking into consideration subjective beliefs that affect uptake. Of significant importance to this study is Skolnic's (2014) finding that 47% of people found out about circumcision from friends. We have see that there are quite a lot of local discussions.

5.2.6 Analyse and Reflect on Action/Intervention

The findings from the discussions and literature indicate that there is a general agreement that communities have interacted with VMMC promotion through many strategies that include radios, televisions, newspapers, YouTube, WhatsApp, and other online platforms. The focus group discussions found out that though media platforms promote VMMC, there exist community discussions that extend discussions on VMMC. It was evident that Campaigns in public places, promotion through media, the brandings on roadsides, on NGO's, promoters in the communities and leaflets and signs in medical facilities were amongst the most cited sources of interaction with VMMC promotion. Other strategies like football, economic compensations, among others, seem to be pilots in remote geographic locations or did not reach this location.

Of importance to this study related to findings in cycle 1 is the fact that massive discussions are occurring in the community between community members, partners, parents, and children as well between peers. There was evidence of one-to-one interactions between promoters and prospective customers. Therefore, it was critical to understand this component of communication that takes place because of the interactions among the community members.

The awareness question elicited more information than required. The focus group discussions and the in-depth interviews revealed that the social marketing part of information dissemination is not enough at any one time. Every passed information elicits reactions that brings understanding not planned. Discussions in the focus

group culminated in an idea that the information received in the community about VMMC is handled differently depending on the audience, the information presenter, and the user relationship. The terrain has shown that there are many interpretations taking place in the processing of information.

When this part of the outcome was presented, there were mixed reactions from the technical working group and partners at the community level. One of the people asked me, "What don't we know about these? My Director repeated this question "What is the value of this information? Don't we already know what is being done and the expected results? Since I was a junior officer to him and not prepared to explain the answers to the question, I felt some pain of not making these people understand the most important revelation that had come out of this study. This is the interactions in the community by different actors with differing objectives. Spouses, peers, friends and old people had different interpretations on circumcision despite uniform promotion. These interpretations therefore could be agents of decisions. Consultation held concluded that the issue of group interaction and their responses to promotional campaigns need further probing.

Table 5.7: Personal reflection

<p>First-person Learning- Narrative and analysis are essential to understanding perceptions at the community level in an ongoing intervention. Second-person learning- There is an emergence in the context, and third-person learning is that context is dynamic and</p>
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The following is a summary of the key takeaways from the first research cycle:

- i. Significant outreach efforts have been carried out in the community leading to widespread recognition of the availability of VMMC and facilities offering along with the benefits of VMMC.
- ii. The group shared willingness and desire to use VMMC facilities, but at a personal level, multiple obstacles appear to be on the way.
- iii. It was clear that the Ministry of Health officials, PSI, were espousing, and Community support groups were generally aligned to experiences by the community members but less on discussions generated by introducing VMMC promotion and utilising services among the community members.
- iv. There were emerging issues and concerns in the community. An example is the problem raised by PSI that the young asked where they took the foreskins after circumcision. You will later notice that this is the tip of an iceberg among many community issues unplanned.
- v. Non- Governmental Organisations (NGOs) in the communities have become a symbol of VMMC promotion. There are expressions that the community members do not feel involved in the whole game of promoting VMMC "We *do not know them*".
- vi. There are challenges or problems in making men circumcise. It looks the demand generation is not generating as expected.
- vii. It is critical constantly to monitor and capture reactions to promotion in contexts.

viii. There had been successes with individuals consuming VMMC while others expressed willingness to be circumcised, but many were not convinced.

These observations became the context for the second level of action research.

5.3 Action Research Cycle 2- What has emerged?

These takeaways became the context for the second spiral of the action research cycle. The second spiral was given the name "**What has emerged?**".

It was unanimous that unpredicted promotional activities and other interpretations in the community may affect the uptake of VMMC.

In the literature, several writers have extended that the ordered system process imagines that it is possible to discover laws or theory which can be empirically confirmed (Kurtz and Snowden, 2003; Snowden and Boone, 2007; Burman and Aphane, 2016; Tsoukas and Jo Hatch, 2001). The same authors negate that this assumption does not hold for the unordered systems where complex factors like cultural, inspired leadership, gut feelings, among others, are dominant. The assumption is that patterns occur within a given time and space through interactions between entities. Authors recommend that such trends become interpreted as seed paving the way to liberate new ways of thinking and make managers avoid implementing ways built for order when there is a disorder. It is necessary to find out what has emerged. With this in mind, it provided an opportunity to see if there is violation of order in the context.

5.3.1 defining the issue observe and collect data.

Presence of interactions with VMMC promotions was demonstrated. These interactions were found to be fuelling unplanned community discussions among other emergencies, it became a matter of concern to find the nature of these discussions and how they affect the decision to consume services. The intervention in the context was, therefore, to understand more about this. Following a literature review on interactions or phenomenology, I decided to inquire about the users' and their partners' thinking processes when learning about VMMC.

5.3.2 Plan Action/Intervention

I formulated a question to assess the impact of interactions with VMMC promotion and uptake of the service in terms of meanings and actions through specific processes and systems. The question of what emerged was tactfully avoided to prevent bias. Emergence was derived from the focus group discussions transcripts and are available for further analysis. Below is the tool that was used to facilitate focus group discussions.

Table 5.8: Key questions in Focus Group discussion on the impact of interacting with VMMC promotional activities.

Main inquiry	Probes/Prompts
<p>How did you interpret the information on VMMC social marketing activities and other observations concerning the utilisation of VMMC services?</p>	<ul style="list-style-type: none"> • What things come to your mind first when you think or hear about VMMC? <i>-Probe in the context of circumcision status</i> • Could you describe what feelings or beliefs did you develop about who was passing the information? • What feelings or perceptions did you form from the information passed and about how the information was passed? • Could you try to explain why VMMC promotion information and activities affected you this way? <i>-How did it affect you?</i> <i>-Why do you think it affected you that way?</i> • Did the information make you decide to have you or someone else go for VMMC? <i>-What made you seek VMMC services?</i> <i>-If you did not seek VMMC, what was the reason for not doing so?</i>

5.3.4 Taking Action/Intervention

Focus Group Discussions happened in the community. Nine men in Kamfinsa and seven boys in Seke were involved. A mixed group involving women and men with boys of 18 and above were also engaged in the focus group discussion. The participants were stripped of their identities as per the ethics guidelines. Coding was as follows, men and boys were coded as consumers starting from one to the last following the sequence of arriving at the community centre—adults with boys coded as parents' and other groups coded as participants. The recordings were transcribed and double-checked every time with participants through the presentation of results and summaries. At no time did participants dissent the results. All data is available by recordings and Video for verification. Template thematic analysis generated

themes classified as either meanings or systems that have emerged concerning VMMC in the context of promotion. When the themes were collected and introduced, everything was completed. The technical working group did further coding.

5.3.5 Analyse and Reflect on Action/Intervention

The discussions found several interesting meanings and systems from the participants. It emerged that men and women have different reasons why they have not fully embraced the ongoing male circumcision or why they have taken up the challenge. The discussions also found several systems that have sprung regarding VMMC promotion or marketing within the social context. The summary of findings provided below includes details of emergences as either beliefs or systems/practices in the community. The emergences are categorised as beliefs, systems/practices and opportunities for sustainable promotion and uptake.

5.3.5.1 Emerging Beliefs

The Focus Group discussions elicited diverse beliefs regarding VMMC within context, with some supporting uptake while others do not support. Men or women protecting their worth in relationships leading to promotion or discouraging of VMMC biased by their wish in this case are contextual constructions. Within these, there is a general belief that VMMC improves sexual enjoyment and performances. Some mothers claimed that VMMC helps their children for sexual purposes in their future married lives. This makes them promote VMMC for children.

'Parent 15' from Seke stated that *"I heard that having sexual intercourse with a circumcised man in comparison to an uncircumcised man is different and I have heard that it seems that women prefer the circumcised men (chuckles)"*. This type of constructed belief was reportedly a motivator for men to gain an advantage in sexual performance leading to men seeking VMMC.

'Consumer 11', a man from Kamfinza, said, *"After circumcision there are benefit is even when having sex with your wife, after circumcision you perform very well."*

However, among women, there has also emerged a belief that VMMC harms both enjoyment and performance during sexual intercourse, leading to them discouraging their men from being circumcised. It later surfaced that some women believe men go for VMMC to have sex anywhere because VMMC is supposedly protecting them. Other women would therefore discourage men from going for VMMC.

'Parent 10', a woman from Seke, said, *"What happens is like this, what I heard other women saying is that those who are circumcised make you not to enjoy the sex and even others say that a circumcised man does not finish. Those are some of the things the things we hear."*

Another man supporting the woman "VMMC affects negatively sexual performance especially to the man. The participant stated that, he cannot perform well during sex and there is reduced sex drive in circumcised men".

It emerged that women harbour a belief that VMMC provides men with a licence to be unfaithful. One woman asked men, *"why do you want to be circumcised if you are negative and I am negative? Where will HIV come from if you are faithful?"* VMMC has been associated more with HIV prevention than other benefits. While on the

other hand, some women want their men to circumcise, 'Participant 13', a married man, narrated that.

"I would like to point out that to men if you undergo circumcision it's not a "license" to be promiscuous but rather it requires you to be more faithful because you if are not faithful you will be tempering with your 70% VMMC benefit."

Consumer 4 added that *"Myself I once thought these people when they talked about getting circumcised I thought it's a password for prostitution that when you getting circumcised you will be sleeping around with the mind that you will not contract HIV I even thought of getting circumcised but when I saw the pain that my young brother was going through I began to think otherwise but I am willing to get circumcised"*.

The discussions lead to another emergence within the context. The belief that circumcision involves much pain. Pain emerged as a prominent theme in the discussions. Participants expressed worry that pain is associated with male circumcision in various ways and represented a significant barrier to VMMC. Old participants wished circumcision to young children who can bear the pain. The construction of the 'pain' narrative emanated from observing those circumcised during their healing time.

Another man indicated that pain is so unbearable, and he would not want to see his child in such pain as he has seen in the community. 'Consumer 2' from Kamfinza said that, *"Eeh the whole process of chopping (demonstrates with his hand with a symbol of a scissors) just seems painful, that's what comes to my mind."*

Potential consumers of circumcision services indicated that they developed many interests when they heard about VMMC. However, on seeing circumcised individuals

in the community, they then revise their thoughts because they saw those circumcised suffering very much.

Another dimension related to pain and complication is the fears that doctors might make mistakes and chop off their organs, or damage the organ during circumcision, making someone get a lifelong challenge in a vital area. Participants expressed fears that it is impossible to tell whether a trained practitioner or a learner is doing the procedure. Although pain results, others said pain is necessary to show that a man is strong. Participants highlighted that men had been encouraged to endure pain as a sign of courage.

Men also have constructed a narrative of questioning disposal of removed foreskins. They believe removed foreskins get used in witchcraft after being sold. Other negative views about VMMC is that the promotion of VMMC is just a means for employment and not seriously intended to increase VMMC uptake. It appears that local discussions tend to frame VMMC negatively using the notion that foreskins are used either for the benefit of those promoting VMMC to sell foreskins for making sausages or for use in witchcraft. Some women, however, felt men exaggerated the issue of pain to avoid VMMC. This come from women who would want their men circumcised. How ever, other men particularly those who had been circumcised indicated VMMC is not painful. Those with negative perceptions indicated that they would not advise anyone to go for circumcision due to the time needed for the wound to heal. Those who had not been circumcised cited outcomes such as pain, discomfort, and even losing one's job as inhabitancies.

'Consumer 9' from Kamfinza said, *"What made me not to get circumcised is the duration of healing people spending more than 2 weeks in pain. that way I got afraid*

and decided not to go but when I was told that the process is not painful I was tempted to go but when my young brother told me that the next day I not good I decided not to go. He used to boil water, mix with salt, and start to dip his organ in the salt. He also ended up dripping some puss and so forth.” Some of the participants even argued that they could not afford to miss a day without having sex.

Discussions revealed various constructed views around VMMC pelted by various interest groups that formulate positions to encourage or discourage VMMC based on their values and interests. There are, therefore, diverging views within the context needing careful consideration when planning for promotion. It becomes important therefore to have in mind these emergences when planning any social marketing intervention. The template analysis table provides the various beliefs and practices that have sprouted in the context.

5.3.5.2 Emerging Systems or Practices

Community practices against and for VMMC by various groups were revealed in the context. Whilst some practices promote VMMC, others hinder promotion. Religious groups and others adopted beneficial practices to VMMC, peer movements, including adoption of certain media by groups, celebrations and local village songs.

Zimbabwe has many religions ranging from traditional believers to Catholics, Anglicans, Apostles, and other mushrooming sects that meet in streets, open-air, and facilities. It has emerged that some faiths have taken VMMC as part of their teachings and encourage their congregations to embrace VMMC or circumcision per se into their daily program rituals. Many respondents indicated that their religions or denominations

have been following the issue of VMMC. One of the reasons raised by one is that they are Christians, and, in the bible, they read that Jesus was a circumcised man; hence, they saw it right for them to be.

I want to point out a reference from the Bible Luke 2-21-23 whereby Jesus himself also went through the same process after eight days; I think if we are his faithful followers, we should set him as our standard and follow him as the point of reference. Circumcision is an ideal thing to undergo” (Parent 13 reporting what they were told in church). The engagement with the community revealed that religions have included in their daily programs and calendars opportunities to share VMMC information and welcome campaigners to circumcise their flock and follow up for services. The African Traditional Religion (ATR) values VMMC and of late are promoting it in the communities.

Another group that has come out to promote VMMC on its own is the peer groups. The influence of peers has come out as one of how VMMC promotion self-propagate in the community. In the template, there are excerpts of how peers laugh at colleagues that have not circumcised and how partners believe VMMC encourage their partners to perform better. There are also views that men who have circumcised look stable and healthier with shiny faces than those that have not circumcised. Other innovations that emerged include men who go for circumcision when their wives register their pregnancies or deliver the baby. The participants suggested that let it become a routine that men register for VMMC when they go for PMTCT. Age mates follow up these practices.

Another avenue that has gained significant use is social media and schools by particular groups, especially young people is adoption of social media. They have

become avenues of sharing information. Social media had become a platform that facilitates discussions and access to VMMC knowledge and experiences. They expressed that Social media spread information faster. The interactions revealed that most participants indicated that social media is a system that promotes VMMC. The discussions noted that at least every person is found on each social media platform, including WhatsApp, radio, YouTube, or Facebook. However, it is not always that social media provides supportive information towards the uptake of VMMC as someone can even post on Facebook threatening those who would have been circumcised that they are not going to heal.

A practice emerged where musicians and mobilisers form songs about VMMC champions and are sang before VMMC and when celebrating the end of the healing process. Furthermore, the community began congregating together to talk to those who will be circumcised and later celebrate the healing. The participants stated that they enjoyed the 'Jah Prazerer' song that encouraged men to be circumcised and castigates uncircumcised. Participants argued that they like the part when Jah Prazer says "inini ndagara bhoo ndakachecheudzwa" (Am all good once I get circumcised).

Some participants argued that even local community members just walk in the streets singing about circumcision positively. The majority of the participants (both circumcised and uncircumcised man) indicated that it is a system that once one complete circumcission, celebrations are done towards such an achievement. They argued they could not wait for the day they will be circumcised, and a celebration party is held over such an event with my boys. Participants argued that they remember when friends celebrated with them and were happy for them. The research findings imply that most participants indicated that celebrations were a system that was being practiced in the

local communities after one is circumcised. Celebrations, therefore, also play a vital role in uptake motivation.

5.4 Action Research Cycle 3- Fertilise the seedling/Emergence

5.4.1 Define the issue, observe, and collect data

The previous sections demonstrated that meanings and systems have emerged regarding circumcision promotion in the community. Considering it has been hypothesised that meanings in a context may inform the formulation of interventions (Rennie et al., 2015), these meanings are then built into strategies/interventions.

To help in decision-making, they were mapped into the Cynefin framework by the Technical Working group based on Snowden and Boone (2007) categorisation about beliefs in the context. TWG looked at whether the emergence has the sustainability potentials and why they think the emergence could ensure sustainability. They also categorised emergencies according to whether they are resources for sustainable community promotion and adoption using the Cynefin framework; whether they are barriers, facilitators, or motivators. This third cycle of action research is shown in Appendix V.

The categorisation definitions are provided in the table below.

Table 5.11. Criteria for mapping into Cynefin framework

The criteria for categorising the themes into Cynefin Framework as per perception in the context using definition utilising Snowden and Boone (2007).	
1.	Simple = The theme can be addressed through a known way or procedure in the community or using available literature, or consensus can be achieved on the meaning. It is either barrier, facilitator, or motivator in the context.
2.	Complicated= Theme cause and effect exist in the context but require experts to identify and solve in the context. The variables can be identified and acted upon by experts in the communities through deep interrogation. The expert can find the barrier, the facilitation, or the motivation to design social marketing.
3.	Complex = The theme is emergent and was unpredictable or unable to be perceived during social marketing design. There are many relationships and possible analysis with many agents and systems playing unexpected patterns causing changes. The theme can be a barrier, motivator, and facilitator, among others in the context.
4.	Chaotic= The theme arises from creating a link to a solution with no known relation. Chaos is wrongly assumed as the existence of simplicity or complication when the context is dynamic or complex with multiple factors and perspectives. That is assuming simplicity or complication when not categorising as exclusively as barriers, facilitators, motivators, or other things that are not the case in the context.
5.	Disorder = There is conflict among decision-makers in the context of looking at the same theme from multiple perspectives. Each has a solution. Each is taking the theme as either barrier, motivator or facilitator and applying it in the design.

5.4.2 Plan Action/Intervention

Considering that the purpose of the research is to improve the utility of social marketing, the focus group discussions and interviews provided rich discussions on emergences in the context and utilising the Cynefin Framework. This emergence could be used to self-propagate VMMC promotion and uptake in the community by amplifying those that support promotion and uptake while discouraging those that affect uptake negatively. One of the findings was the emergence of community members who have mushroomed and volunteered to promote the adoption of VMMC in social groupings and households. Knowledge of the context by this group helps in

targeting correctly as opposed to situations of asking. Community members were given the task of identifying whom they think would best promote VMMC in the community.

That was more as peer to peer conversation, using religious groupings to promote VMMC and providing some facilitation funding to organise pre and post VMMC celebrations. These recommendations borrowed from emerging practices in the terrain. Following the preliminary findings,

the Technical Working Group (TWG) advised that community members be included in the set of promoters in the community, especially those who had started being volunteers without any support. They also recommended that the funding from centrally recruited mobilisers be utilised to catalyse community engagement in promotion by organising pre and post VMMC parties at the community level. The action was called '***fertilising the emerging seedling***'.

Action: To assess whether utilising emerging promotive practices in the community can increase uptake accompanied and ensure sustainable VMMC promotion (*fertilising the germinated*) using the case of Kamfinsa Taxi drivers, Mabvuku and Seke in Harare, Zimbabwe.

5.4.3 Act/Intervene

Following identification of emerging practices and meaning, the TWG on VMMC implementation saw the usefulness of building on these emerging systems and meanings. As indicated earlier, it had been found that promoters were recruited centrally. The evidence from focus groups caused the change of strategy in hiring

promoters to consider location, social groupings, and religion in the community. The TWG decided to implement and monitor these recommendations in 3 sites. The data was collected in these three locations from the already established systems and tools. The monitoring was mining data from an existing reporting system to see if there was a fundamental change in uptake and the rate of reaching customers. The description of the variables mined from the data collected that was routine are provided in table 5.12 below. The independent variables consisted of the group's location made to be social mobilisation agents selected and provided similar skills and support as the already existing mobilisers. The support includes training on mobilisation and some lunch allowance during the working days. Unlike the centrally recruited mobilisers, the community identified based on the criteria of competencies developed by the TWG and informed by the in-depth interviews and focus group data analysis and recommendations.

The improved qualifications included:

1. Being a member of the community, i.e. being a taxi driver or residing in the selected community. The office of the chief with its advisors was used to vet the potential social mobilisers. Three teams were selected to represent three geographical locations. Two locations were provided with the fertilised team, while one rural village was not provided.
2. The forms used by the mobilisers were retained, as there was no new data demand required.
3. Those to be selected fulfil these characteristics, either being circumcised or the partner of a circumcised individual. The identified characteristics were

faith, living and being identified within the group, and motivating people in the community to go for VMMC.

4. The village elder or representative was made compulsory and any health or community health worker working in the community.
5. At least be able to read and write in English.

The fertilised group was exposed to the capacity building provided by PSI on promoting VMMC in the community. It is the same capacity building for the centrally recruited mobilisers. The characteristics of the locations were as below: -

- Pilot Group A consisted of Taxi drivers in the Kamfinsa area where previous discussions had been held, recruited mobilisers focused only on taxi drivers and touts.
- Pilot Group B is a village called Mabvuku in a low-income community in the outskirts of Harare, recruited mobilisers utilised the new qualifications that must include members of the community arising from the informal groups;
- Non-Pilot Group C is a village in Seke where the focus group discussions involving parents and youths had happened. No change in social mobilisers was noticed in this village.

The teams used already existing tools to register the number of people and or houses approached and the number that accepted the consents forms signed and requested transport to the circumcision site where they were circumcised. The standard procedure for the mobilisers is to approach consumers and explain VMMC to them, ask them to sign a consent form if they are interested in VMMC and arrange

for their transportation to the facility where actual circumcision occurs. Most of these local had already established good relationship with the VMMC transport drivers and health facility managers. Zimbabwe operates a standalone VMMC facility in Harare, where all circumcision is undertaken. Limited incentives provided were t-shirts and hats.

Table 5.12: Variables extracted from Social Mobilisers reports

Independent variable: Type of team formed to undertake social mobilisation, social points used to promote VMMC (Village, Church, taxi drivers organisation)			
	Intervention group A (taxi drivers' organisation).	Intervention group B Village in Epworth.	Intervention group c, Village in Seke.
Independent variables	<p>(i) Six taxi group members were specially recruited according to the criteria above;</p> <p>(ii) They were exposed to PSI training for mobilisers;</p> <p>(iii) They were given usual allowance and motivations as mobilisers</p> <p>(iv) They operated within the group</p> <p>(v) Provided with pre and</p>	<p>(i) Six village members were specially recruited according to the criteria above;</p> <p>(ii) They were exposed to PSI training for mobilisers;</p> <p>(iii) They were given usual allowance and motivations as mobilisers</p> <p>(iv) They operated in the village where they come from</p>	<p>(i) The PSI centrally recruited mobilisers continued business as usual in the community;</p> <p>(ii) They had been exposed to PSI training for mobilisers.</p> <p>(iii) They were given usual allowance and motivations as mobilisers</p> <p>(iv) No pre and post circumcision parties</p>

	post celebration party facilitation	(v)	Provided with pre and post celebration party facilitation	
Dependent variables	# Number reached with face to face promotion. # number accepted, signed consent form. # Number honoured circumcision appointment for transportation and circumcision (not all in this group get circumcised. They need to pass a medical assessment, especially for adverse reaction)			

5.4.4 Analyse and Reflect on Action/Intervention

Using the emerging system from various interactions in promoting VMMC showed that they are more effective and efficient than using the conventional assumption of a predictable approach. That method is where the strategy for promotion relies on the assumed capability of the coordinators given thorough training and no other factors. In the pilot locations, emerging informal peer groups joined. That opened a new approach to social marketing. It involves exploring the terrain and finding the emerging meanings and systems that facilitate or motivates promotion. This promotion technique was to **“find the seedling, fertilise or weed”**. The

recommendation implemented, and the data for four months from each group extracted according to the indicators above.

At the close of the study, the results reached by different types of mobilisers in the different locations compared. The two improved sites of the study reached 689 potential consumers, while the non-improved site reached 588 potential consumers through face-to-face interactions in different opportunistic areas that had emerged. These included in the growth points, churches, households, and organisational office, leading to determining whether individuals would be circumcised. The only similarity between the improved social mobilisers group and the 'business as usual' group was, they were recruited to represent the community from where they come. The improved social mobilisers already had the (i) interest to circumcise, (ii) being circumcised men only and or partner of the circumcised men and already informally preaching or promoting VMMC within the peer groups. They were also provided (iii) with an incentive for the VMMC candidates to hold pre and post circumcision celebrations. The results showed that the percentage yield to circumcise from the improved group based on informal promoters' emergence is 44 % with a 95 % confidence interval of (41%-48%) compared to 20 % and 95 % confidence interval of (19%-25%) for the conventional social mobilisers. The average for all locations is 34 %, with a 95 % confidence interval (32%-37%). The taxi driver group had a higher yield of 69 % and 95 % confidence interval of (59%-79%) compared to 41 % in the village locations with 95 % confidence (41%-48%) interval and more than the combined average of 34 %.

It was challenging to reach more taxi drivers as they are busy, and they do not have conventional meetings points, unlike the members of the communities in the villages. The taxi intervention becomes significantly different from the same intervention applied in the village location. The results demonstrate an uptake by changing social mobilisers and using the already self-germinated opportunities to promote VMMC in the community. It noted that these results represent only the results reached by the social mobilisers targeted by the technical working group (TWG). Other mobilisations were still going on in the community. The two improved social mobilisers groups had a higher yield rate than the combined average, while the business as the usual group had a lower yield rate than the combined average as illustrated in the charts.

Table 5.13. Reports on the number reached with face-to-face interaction.

Indicator	Month X1 February 2019			Month X2 March 2019			Month X3 April 2019			Month X4 May 2019			Cumulative total so far
	A	B	C	A	B	C	A	B	C	A	B	C	
# Number reached with face to face promotion	16	160	141	18	140	153	32	145	160	17	161	134	1277
# number accepted, signed a consent form	8 50%	70 44%	49 35%	10 56%	60 43%	50 33%	24 75%	85 59%	90 56%	17 100%	109 68%	77 57%	649 51%
# Number honoured circumcision appointment for	7 44%	67 42%	28 20%	9 50%	56 40%	39 25%	24 75%	70 48%	36 23%	17 100%	56 35%	27 20%	436 34%

transportation and circumcision													
Target to be circumcised	120			120			120			120			480

Averages and 95 % confidence intervals for the last four months promotion compared by locations and Social mobilisers types.

Table 5.14 Total 4-month achievement

Indicator	Total achievements in 4 months				
	A	B	Combined A and B	C	cumulative
# Number reached with face to face promotion	83	606	689	588	1277
# number accepted, signed a consent form	59 71% (61-81)	324 53% (49-57)	383 56% (52-59)	266 45% (41-49)	649 50% (48-54)
# Number honoured circumcision appointment for transportation and circumcision	57 69% (59-79)	249 41% (37-45)	306 44% (41-48)	130 22% (19-25)	436 34% (32-37)
Target to be circumcised	120				480

Figure 5.1 Generation of uptake by centrally recruited and locally recruited promoters

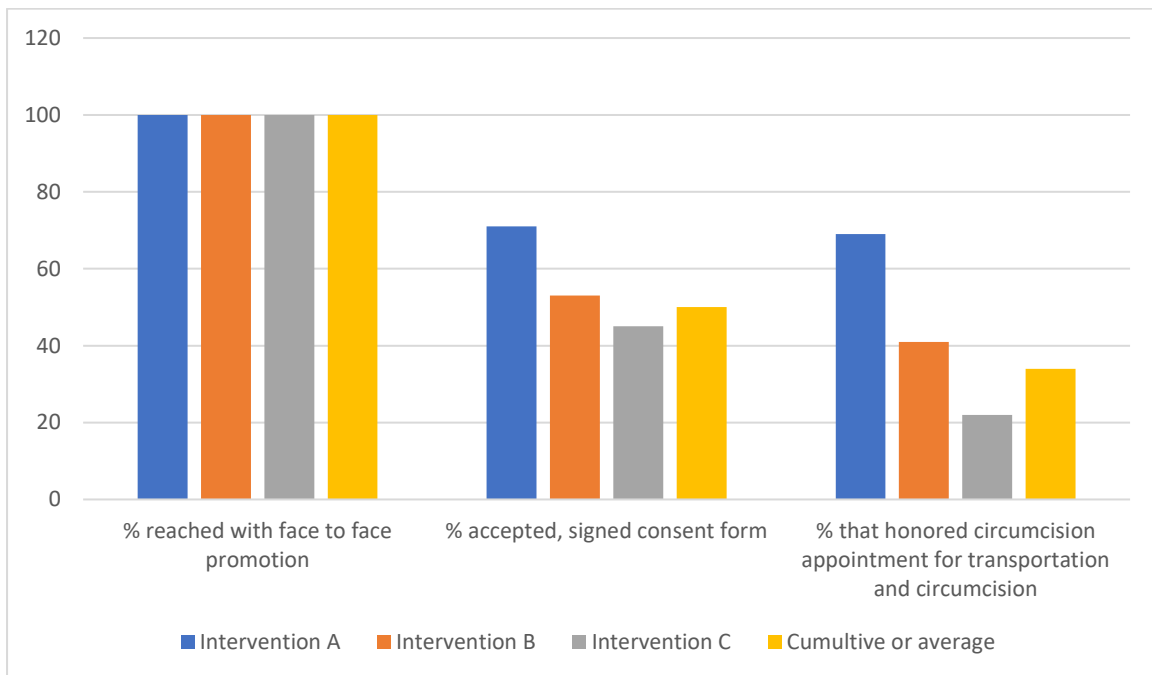
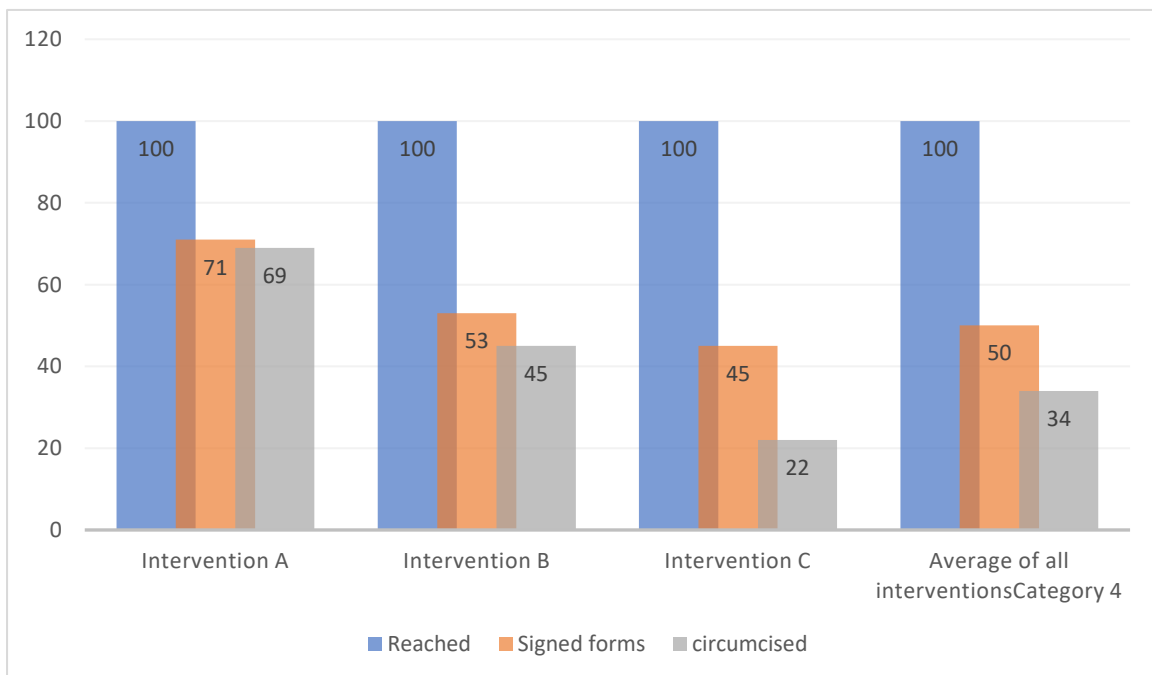


Figure 5.2. Cascaded uptake of VMMC services



The research scenario presented here illustrates the presence of multiple interactions between the researcher, TWG, implementers, and participants. Six hundred eighty-nine individuals, each with their worldviews, were reached by this

research and demonstrated the complex nature of this research. Although it is recognised that many participants interacted as part of a group, there are dynamics that may have partly shaped their worldview, this shifting pattern of beliefs and attitudes further validates the adoption of complexity theory. In the following chapter, I begin discussing the findings and explore their implications for the future of VMMC.

CHAPTER SIX: - DISCUSSION AND IMPLICATIONS.

6.1 Introduction

The study explains current activities used in promoting VMMC in the two locations where focus group discussions and in-depth interviews happened. The focus group discussions and in-depth interviews derived promotional actions, interpretations, and emergence based on the focus group narratives. The study did not directly seek to identify the respondents emerging perceptions, meanings, norms, and systems but derived them from the discussions via coding. The study focused on awareness of VMMC promotion, VMMC promotion experience, what comes into mind when VMMC is promoted, and what the participants think should be the best way to promote VMMC in the community. The analysis focused on identifying the perceptions, sentiments affecting meanings and categorised as either promoting or discouraging the uptake of VMMC. It also focused on identifying the emerging norms, meanings, and systems because of interactions.

The emergences were then mapped into the five sectors of the Cynefin framework. The emerging systems and norms were then used to identify the best ingredients that would promote uptake. The findings indicate that Social marketing could benefit from shifting its paradigm assumption of linear relationships to non-linear relationships based on complexity. It also shows that the new model of doing social marketing may involve considering the dynamic adaptive occurrences in the community and therefore need to include a process that senses the changes in the community and, more specifically, the non-linear and unpredictable changes. I, therefore, advance a process needed to have an effective social marketing strategy

that spurs sustainability to include, among others mapping the environment, develop a dynamic campaign strategy, identify emergences through perceiving the changing environment, test the use of the emergence and scale-up through dynamic campaign strategy. It is important to note that this approach does not mean the elimination of the reductionist approach. It suggests that non-linear assessment must be undertaken after some period of intervention.

6.2 Theoretical contribution to Social Marketing in Health Interventions

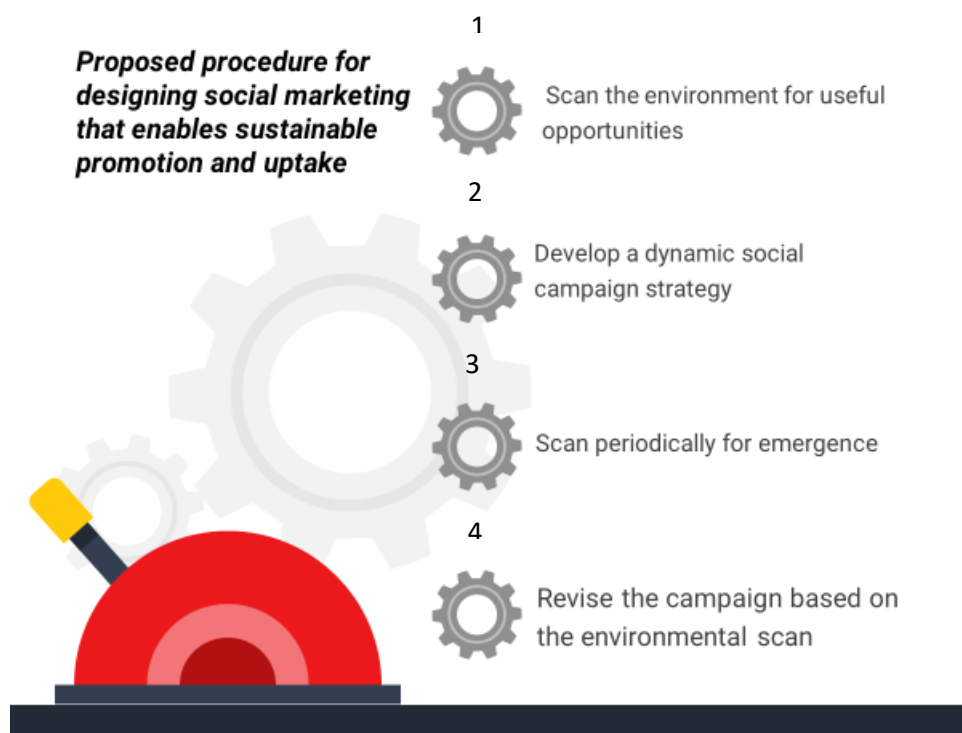
6.2.1 Emergence

The social world is complex and emergent (Byrne, 2013), where most of the time, it is impossible to establish universal empirical regularities through causality. This study has shown that we cannot predict and assign an intervention without assessing the context and its dynamicity. It has also demonstrated the significance of humanity and context or human agency in each context when determining social marketing's causal powers. More literature is now supporting this move. Nolan and Varey (2014) predicted the need to use the interactive space in systems and social transformation.

Nolan and Varey (2014) emphasised using social marketing's positive power to solve social problems and proposed a deepened understanding of social marketing in response to building sustainability imperatives. They went further to postulate that it

might be possible to apply systems theory to identify social marketing impacts and get viable practices in the context. They were among the first to argue for shifting the ontology of social marketing and possibly introducing the non-rational parts of human behaviour. They vehemently argued that the current social marketing only partially solved social issues by relying on linear relationships.

Figure 6.1: Summary steps towards designing a Sustainable Social Marketing Campaign



Other writers who have supported emergence or consideration of the changing contexts and changing the strategies include Byrne (2013, p 217), who says “*through careful comparison and exploration of complex contingent causation, we can begin to get a handle on what works where (in what context), when (in what temporal context), and in what order*”. Maasai et al. (2016) focused on a similar concept in organisational development. He provided empirical evidence on a new perspective of adaptive strategy design by integrating the three theories that encompass

adaptability. Their hypotheses include organisational ecology, corporate demography, and complexity-based thinking. This review concludes that the adaptive advantage was identified with the possibility of implementation to create a competitive advantage through emergence. They also recognised that three elements impact adaptability and include innovation, decision-making, and accumulated experience. The connection between this knowledge from organisational strategy and social change via social marketing is significant. Both embrace the changing context and use of the emerging adaptive advantage.

Burman and Aphane (2016), in their paper on leadership emergence and application of Cynefin framework in bio-social HIV/AIDS transmission risk reduction, describes a process where the Cynefin framework was used to enable leaders to identify specific decision-making domain typologies in emerging opportunities and challenges followed by utilisation of this decision-making heuristic. During this study, they used the Cynefin framework to: *“(1) indicate the project managers whether the early stages of the intervention had been effective; (2) provide the participants an opportunity to identify emergent knowledge action spaces (opportunities and challenges); and (3) categorise them into appropriate decision-making domains in preparation for the next phases of the intervention* (Burman and Aphane, 2016, p 249)". They conclude that utilising the Cynefin framework was an effective mechanism of situating emergent knowledge and action spaces to appropriate decision-making domains that enabled the designing of appropriate intervention in the coming phases. The Cynefin framework provided confidence to do away with linear causality but utilise the possible effect of interactions that have emerged.

Peattie, Peattie and Thomas (2012) developed a social marketing intervention and reported it through a case study. In this case, social marketing intervention was designed to address the anti-social behaviour of setting fire in the community grass and forest and was funded by a Fire service to reduce the incidence of fire set by the communities within the location. The result showed that the social marketing approach successfully tackled a local social norm that education-based campaigns could not address. This paper caught my attention because the intervention generated what the authors called 'unexpected impacts'. The unexpected impacts are the changes that occurred in the Fire service organisation's actions and culture. It, therefore, gives a window of harnessing social marketing dividends in the organisation's change culture change. These transformations or desires that came out because of the organisation interacting with social marketing might be calling emergence in this case. Peattie and Thomas (2012) called them unexpected outcomes in their positivistic world, but in the constructivist dimension, I am taking them as emergence from interactions and part of the organic development of interacting systems.

This thesis identified the emergences that were either information, actions or norms and systems that protruded because of social marketing or intervention that has taken place in the community. These emergencies, classified as an adaptive advantage by Byrne (2013), are impacts of social marketing and viable practices by Nolan and Varey (2014), emerging opportunities and challenges by Burman and Aphane (2016) and unexpected impacts by Peattie, Peattie and Thomas (2012). These studies support the need to urgently institutionalise the monitoring of

emergence in the landscape where social marketing is taking place, especially where sustainable systems and effective messaging are desired.

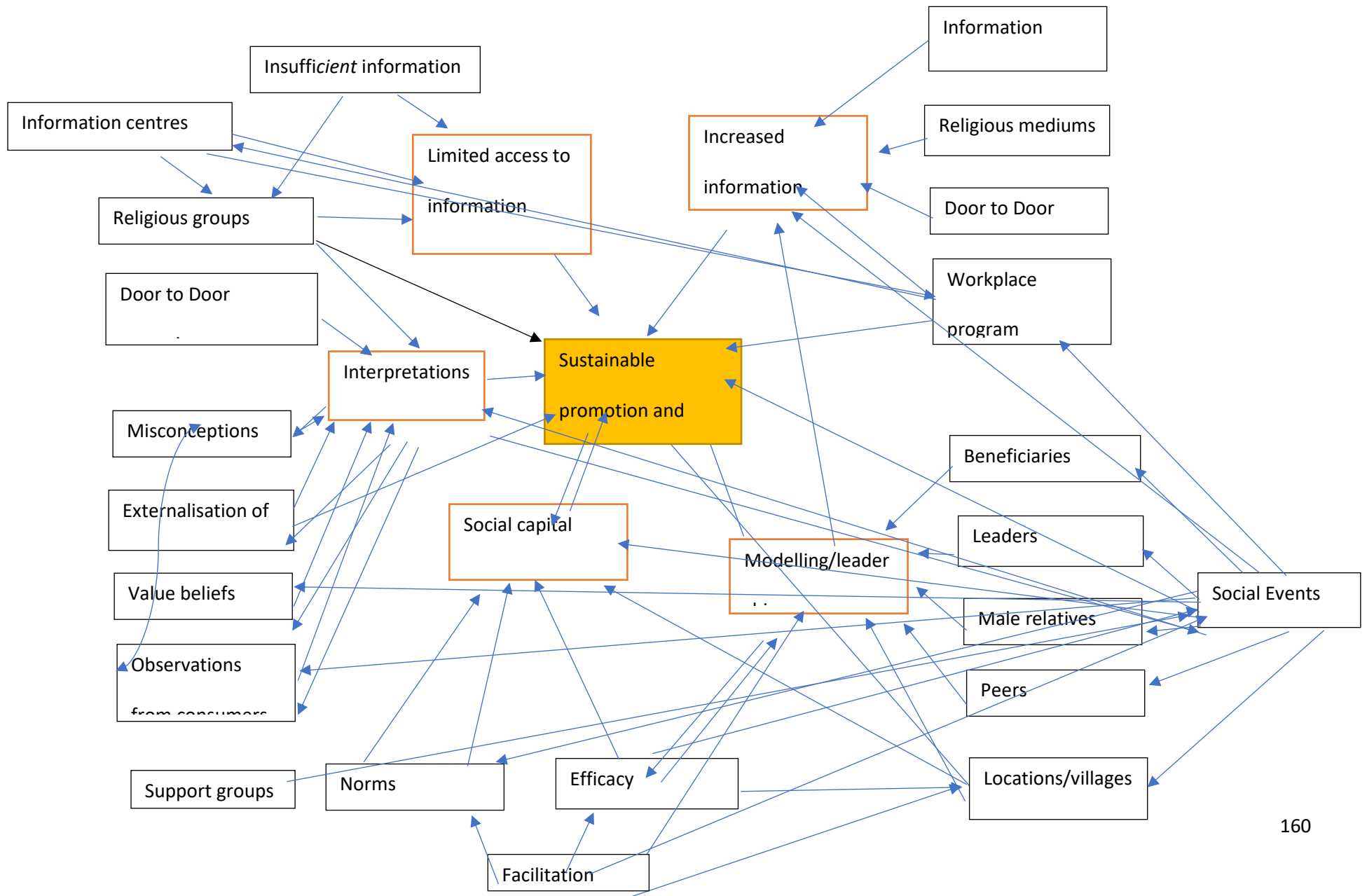
6.2.2 Complexity and dynamicity in the landscape.

The context or landscape complexity where VMMC is being promoted has been shown in four ways. The first is to depict maps where the cause and effect relationships have been depicted graphically and arising from the thematic analysis of data of the data through the TWG and causal effects from literature and perceptions identified. This method was explained by Domegan et al. (2017) in the example of a wicked problem involving a mapping project from the School of Design at Mellon University. In this case, the thematic analysis sought patterns, meanings, and interpretations. Then, it was mapped so that the causal relationship among the emerging phenomena is envisioned as in figure 6.2.

The graph shows that within the social marketing problem for VMMC, many factors and stakeholders come into play until it is impossible to identify the best solutions to the social marketing strategy problem. Therefore, it calls for what has been quoted in the literature as organisations in such complex situations need to learn to cope with the problem by applying contextually viable solutions derived from the contexts (Byrne, 2013). The depiction of complexity through maps makes it easy to understand that social marketing in Zimbabwe is targeting a wicked, complex, and messy problem where there are myriad of interrelated ones. Domegan (2017) puts that social marketing can be understood in terms of non-linear methodologies of

identifying causal mechanisms that can cope with multiple causations and pathways and consider the interactions of systems. Byrne (2013) says that interactions and interactions consequences have causal implications where parts affect the whole system and parts affect each other and the whole, affecting the individual also. Accordingly, there are multi-linked relationships and networks in the system that, when utilised, have through the multi-layered systems ability to cause sustainable uptake of the interventions.

Figure 6.2: Map of the problem, issues and identified themes

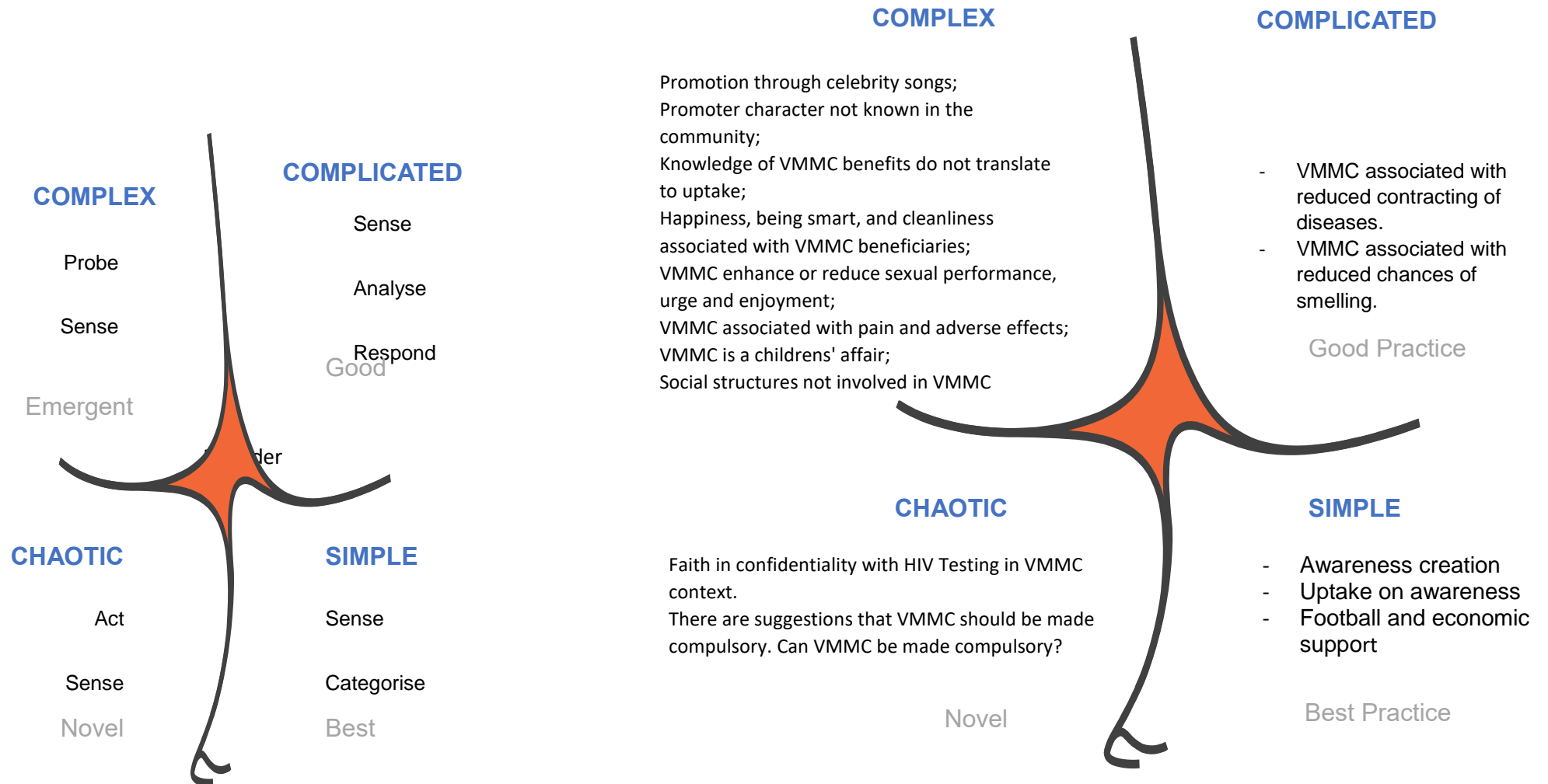


Complexity is depicted when the identified emergencies are mapped into the Cynefin framework. As shown earlier, the Cynefin frame is divided into five parts of simple, complicated, complex, chaos and disorder domain. We have seen earlier that the cause-effect relationships are discernible in advance in the simple domain, while in the complicated domain of knowledge space, experts are required to create a path of cause and effect. In the Complex domain of cause and effect, relationships are non-linear with no domination of any cause-effect relationships in the landscape and being unpredictable and a flux (Snowden and Boone, 2007). Dickens (2015) posits that it is necessary to respond to problems in this domain by probing and thus destabilising the system. Then to identify and reinforce the patterns that improve the problem and destabilise the patterns that detract the direction of achieving the goal. In this case, the initial social marketing methods described earlier provided an opportunity to destabilise the landscape. It is, however, seen that other phenomenon emerged in the landscape that was not related to awareness of reduced acquisition of HIV by men when circumcised.

I probed my scenario using interviews and focus group discussions and used thematic template analysis to identify emerging norms, perceptions, and systems used to improve social marketing or social promotion in the context. The technical working group and the community members opted for 'emergence' located in the complex domain, which they felt was the most suitable strategy for improving social mobilisation in the community. Apart from being helpful, it is easy to implement the mapping of decisions need into the Cynefin framework in the context. The complex and positive themes demonstrated possession of sustainability imperatives that are assumed to be components for sustainability since they are already rooted in the

community. Sustainability in programming affects or impacts desired or undesired that survives the life of intervention.

Figure 6.3: Summary mapping of the themes into the Cynefin Framework



The third approach that demonstrates VMMC promotion and uptake is a complex problem is through the literature review outcomes. Literature provided various ways used to cause or improve uptake of VMMC. First, the barriers identified in the literature include those by Evens et al. (2014) relating to financial fears after circumcision because there is a likelihood of missing work and thus losing income. This problem is also complicated in that finance alone is not related to the procedure at all. The procedure is provided free of charge, but contextual issues come into play, coming between the desire to circumcise and actual acting to circumcise. The wish to cater to family members and the corresponding experiments providing funding did not increase the uptake as desired. Studies rank pain as one of the topmost barriers to men seeking circumcision. Although this may almost be a direct relationship or a linear relationship, the fear of pain is irrational because those indicating they fear pain have never circumcised to experience the pain. The reason they think about pain is because of observing or interacting with others circumcised. Suggested interventions to address pain concerns are the provision of counselling messages and improving how these messages are provided in the community. I doubt if it is linear as suggested.

We have also seen through Peattie, Peattie and Thomas (2012) that education has not been a promising intervention for anti-social behaviour of setting fire but that social marketing had a better intervention. I want to comment that the findings are instrumental but short in terms of how to ensure frankness in educations as we have seen that the issue of pain and income are complex issues in the community with no head or tail. They are cognitive issues based on the information received and processed. They are irrational and unrelated to VMMC and its benefits, but other

factors related to individuals and the social context. So far, I have not seen literature that details how individuals created a view about pain. How are these people developing perceptions about there being pain without experiencing it? Could it be that they have heard about pain or seen someone in pain that they now equate circumcision to pain? Looking at the literature, I am convinced that it is difficult to pinpoint where the problem is. Is there a problem, or the problems are imagined? The truth of the matter is that VMMC is undertaken with pain control. The perception that salt is added to heal is a misconception since it is a dehydrator to help dry the wound. Continuous monitoring is also provided with pain killers supplied in abundance during the healing period.

Other properties have been floated to show how a social marketing intervention could be better addressed with non-linear, wicked, complex, or messy approaches. One of the properties is that of non-linear methods. It is possible to identify causal mechanisms that can cope with complex causations or those with multiple causations linked with multiple pathways and the presence of interactions and interaction consequences. The map developed for problem causation relationships and stakeholders show that there are multiple causations with interlinked pathways in the voluntary medical male circumcision uptake problem, more so when sustainable uptake is the mission. With this concept in operation, it has been possible to isolate a mechanism that guarantees uptake of VMMC beyond the life span of the utilisation of the intervention. We saw that the multi-stakeholder team formed with clear vision caused regular and reliable uptake in the taxi and village community faithful to the fact that non-linear causality embraces and considers multi-linked relationship networks and multi-layered systems of wicked problems

(Domegan et al., 2017) and depicted in figure 5.2 that identified emergences from the context were possibly irrational.

The community's ideas are irrational because their demands were not consistent with medical practice. In this regard, Byrne and Callaghan (2014, p. 18-20) state: *"changes in effects are disproportionate to the changes in the causal element(s) with the implication that non-linearity is not that law-focused linear methods are wrong, but rather that they are limited in their rightness. Non-linear models see the relationship between problems and a range of possible solutions while linear models see a relationship between the problem and its solution and they cannot account for human actions that modify or limits actions and shape outcomes"*.

1. Micro-Meso-macro levels represent part-whole relationships where the interactions, connections and relationships between the social wholes and between and across the arts play a pivotal role in understanding the non-linear nature of problems (Byrne and Uprichard, 2012).
2. More specifically, non-linear causality can link micro choices and macro structures by focusing on processes rather than variables while offering the capability of nesting or embedding problems and resolutions – their diagnosis and design – in broader marketing and social marketing system contexts.

In this section of the discussion, we have seen that uptake of VMMC and promotion are possibly complex and the current ways in which VMMC promotion is undertaken that assume that social marketing is dealing with a linear problem could be improved. I conclude that this is no longer an argument, but evidence has been provided that social marketing and its outcomes are wicked.

6.2.3 Summary of contribution to knowledge development or scholarship

It is stated by Te'eni et al. (2015) and Golding, Sharmini and Lazarovitch (2014) that the success of research or a thesis is assessed using three components called contribution, contribution, and contribution. In this case, may I indulge by adding that according to me, it gets judged using four or ten criteria which are a contribution, contribution, contribution endlessly? It means, therefore, that the essential judgement criteria are a contribution to knowledge development and practices in the implementations landscape. There are many arguments on how weights of contributions get assigned, mainly how theory carries more weight than experience. The order is a grand theory, design theory, mid-range theory, model, generative mechanisms, proposition, problem-solving or research method, framework or taxonomy, case study, rich insight and construct and concept development (Prethus & Munkvold, 2016).

Others have argued that theory light papers count equally as grand theory contributions and should always be considered valid (Avison and Malaurent, 2016; Prethus & Munkvold, 2016). Other ways of categorising research outputs have included developing concepts, generation of theory, drawing of specific implications, contributing to rich insights (Walshams, 1995). Oates (2006) reckons that a '6ps' approach to knowledge and practice includes research purpose, products, process, participants, paradigm, and presentation. Other ways talking of knowledge outcomes as per Oates(2006) include a new or improved product, a new theory, a re-interpretation of an existing theory, a new or improved research tool or technique, a

new or improved model or perspective, an in-depth study of a particular situation, an exploration of a topic, area or field, or critical analysis. There is an emphasis that there should be no hierarchy of contribution value and that all contributions are of the same value even though it takes more energy and time to identify some contributions like the mid-range theories compared to identifying constructs.

In terms of this thesis and Walsham's (1995) claims, a contribution to knowledge could be through the development of concepts, generation of theory, or drawing specific implications or contribution to a precious insight. Therefore, this thesis's outcome is drawing specific implications to theory for use in Social marketing or promotion and contribution to deep insight into the design of social marketing within a specific context. The analysis of the focus group discussions utilising the complex and adaptive lens proved very useful in identifying sustainability imperatives. It concludes the possibility of inclusion of emergence construct in the design of social marketing, especially when social marketing intervention is not working as opposed to the current situation where there is complete absence.

First, it has shown that when practice assumptions fail, it may be due to applying wrong theories or assumptions informed by linearity in the context where linearity is not appropriate. It has shown that knowledge in the context could be non-linear and that what works in the context may not have any explanations in theory. Many emergences demonstrated this in the context that provided an opportunity to use that was unrealistic but works. The demonstration of complexity in social marketing strategy and the complexity of the contexts implies that there could be a need to

have dimensions of complexity in the method and product or service under marketing. Therefore, the implication is the need to embrace complexity in social marketing and allow for the dynamicity of assumptions in the complexity, nothing that the only constant in a social marketing context is changing.

6.3 Contribution to Practice

The contribution to practice highlighted earlier in the parts of this chapter depicted in figure 6.1. It included showing that, in social marketing, information and demonstration being passed or done in the communities elicit intended and unintended outcomes. It, therefore, implies that immediately after passing information meant for knowledge and individual actions through social marketing of a product or service, a mechanism should be put in place to monitor and identify possible interpretations and unintended actions as part of rolling out a social marketing intervention. The monitoring of the changing landscape should now be a critical part of every social marketing intervention design. It may not be the case for others but is doubtful. At this juncture, it is unknown for many other products and services, but it has become clear through evidence from this study that this is the case for VMMC promotion.

Typical marketing provides information and the intended benefit of services or products, as in this case. It, therefore, has become clear that without monitoring and mining out emerging interpretations that cause other actions, one would be probably be shooting at the wrong target using the wrong arrow. To get the right arrow and

target, assess the landscape periodically as a wave mechanism that involves time and synergises where there is a good interaction. The other practice essential for sustainability is the engagement of grassroots actors in identifying sustainability imperatives. Other studies have utilised grassroots actors or beneficiaries to design direct interventions or key informants to initiate promotion strategies. It has become clear that sustainability lies in actors or grassroots agencies. Even though sustainability lies in the actors, it looks more efficient when it is an emergence within the actors. It demonstrates the value that when there are no solutions or when a problem is wicked, as in the complex phenomena like circumcision, value engagement with community and scholarship to tame the challenge remains viable despite being underutilised.

The conclusion indicates that engaging the community and collaborating with the community is an innovative contribution to engaged scholarship that responds to complex societal challenges by building sustainability to the challenges, rather than getting a fixation on solving problems. For example, in the study areas, VMMC on its own is a complex perception from the consumers requiring a carefully sequenced social marketing design to affect positively decision of consumers and those that influence consumers. It, therefore, means that context may need grading through the use of tools such as Cynefin framework from simple to unorderly through complicated, complex, and chaotic then identify what in the computer can cause the highest impact. The thesis has been able to unlock how best to design social marketing for VMMC in a context where their community does not practise male circumcision.

The thesis's first supervisor asked what is the benefit of looking at the problem as a wicked problem compared to looking at it as an everyday traditional linear problem.. It took me almost two weeks mulling over before answering this question. First, I need to remind the reader that the usual approach assumes that social marketing intervention is designed using guidelines or expert approach with intervention known from theories or scholarship. We have seen that this was the initial approach used and ended being disastrous and consistently only mobilising less than 10 % of those targeted in 5 years. As seen earlier, the approach focused on making available information about the benefits of VMMC, making available services, and facilitating through transport access to the service. The service is provided free of charge; there is no cost implication in accessing the service except for the community's cost of healing and social costs.

It has been apparent from Gerber (2014) that human communication is the production of meanings or exchanging meanings. In this project, a demonstration took place from the focus group discussions thematic analysis that communities construct meanings, attitudes, motivation and facilitation from the continued presence of voluntary medical male circumcision messages, services and observation of beneficiaries as part of intended and unintended communication. It would not have been possible to identify this emergency if research as part of a social marketing strategy was implemented based on the traditional methodology for Social Research.

In the traditional problem approach in social marketing, the assumption is that there is a predictable solution from the literature or practice. The approaches so far are based on influence technologies through the utilisation of incentives, and values exchange, commercial technologies of product, planning, price, place, communication, distribution, and market research. It becomes clear that these definitions covering the current thinking about social marketing assume the information provided is static and decided through commercial market research. We have seen that the contexts are not static. Upon exposure or interactions with social marketing activities or marketed service provisions, other changes that either cause desired outcomes for community good or deteriorates the achievement of the outcomes emerges. The dynamicity takes the course and leads to many unpredictable interpretations.

It has also become apparent that social media may need to be updated to address unpredictability complexities and uncertainty. Examples from this study in VMMC include groups writing their songs relevant to VMMC, promoters there to make money, an avenue for witchdoctors to get foreskins for rituals. People accept that it is helpful for future health but would still not use the service because of other negative views, unwanted smells, depreciated sexual efficiency, reduced sexual desire, among many. The current traditional way in which social marketing get designed should capture this significant nuance. The utilisation of the wicked lens caused the identification of these interaction outcomes of the connectedness. The results are valid, considering that the focus group discussions did not call for improvements but simply an overview of what comes into their minds when presented with knowledge about VMMC and how it is promoted in their communities. The result demonstrates

changes in social values, beliefs and meanings that have created more vital connectedness to VMMC or weaker connectedness to VMMC, as seen earlier.

The other value that this approach has brought out is tame the problem but not solving the problem. As demonstrated earlier, there are many potential solutions to the problem, but none has a magic bullet to turnaround uptake and make it 100%. Co-opting the group to generate a solution led to a rise in adoption from about 20 per cent to about 44 per cent: an increase of more than 50 per cent, but not 100 per cent as expected. Engagement of communities to tame social marketing problems is underdeveloped and provides opportunities for both scholars and practitioners to leverage when confronted with complex societal challenges where the best solution is chosen rather than solving the problem 100 %. The combination of thematic analysis and the Cynefin framework approach to complex challenges becomes a powerful addition to the process of Social marketing design.

The other benefit or added value that occurred quickly was identifying the imperatives for the sustainability of promotion and uptake phenomena that is new to social marketing. By getting the themes and using the Cynefin framework of knowledge domains, it was possible to churn out from the meanings, systems and actions that have emerged in the landscape various promotional and observational activities already rooted in the community that needed a slight resource to amplify and self-sustain VMMC promotion and uptake. The self-sustaining themes that are useful for use in the community included: -

- i. Desires to have VMMC promoters that come from the locality.

- ii. The emergence of smart and clean groups in the community that looked attractive to others, making the parties emotional.
- iii. The perception that women who go with circumcised men sexually end up not smelling like the women who have relationships with uncircumcised men.
- iv. The myths of sexual enhancements in terms of performance and enjoyment is a beneficial emergence in the community.
- v. The rejection of women promoters by the potential clients of VMMC claiming that they cannot explain the experience of VMMC.
- vi. Identification of the gap that VMMC should utilise local social capital like peer groups, leaders' network, religions, and village committees satisfactorily.
- vii. Increasing assertion by women and leaders on men to circumcise

When these findings are looked at critically, there is a basic denominator cutting across all the themes, and this is the need to involve grass root agents or actors more strongly in the context of complexity and dynamicity. The initial assumption was that communication of the availability of VMMC and the benefits would have been enough to have long queues of people wanting to be circumcised.

Chaotic themes generally are related to applying a solution in a context with the assumption that a linear solution is available, yet the context is complex. It has been equated to fuelling with Snowden and Kurtz (2007) suggesting that to address chaos, the path of a solution is to act, sense and probe.

On reflection, two themes were classified as chaotic:

- i. Inclusion of HIV Testing in VMMC service provision leads to substantial reluctance to utilise VMMC because of fear of testing.
- ii. The suggestion that VMMC should be made compulsory.

The problem of testing was resolved with the recommendation that testing is not compulsory but voluntary. Individuals are encouraged to test, but if they insist on not testing but needing to access VMMC only, they can go ahead and get circumcised. Because the problem of testing was confidentiality and associated stigma, individuals are also encouraged to utilise self-testing and bring results. They can be provided with test kits so that they can do HIV test in their privacy. The study is ongoing to see if the uptake of testing in a private setting will increase the identification of people living with HIV. The other chaotic theme is a proposal of making VMMC compulsory, which the VMMC TWG rejected. It was felt that there are challenges associated with this proposal because it can trigger other undesired consequences like court cases, mob justice to circumcise and difficulty in implementation.

6.4 Implications to Social Marketing and Promotions

Whilst it was not possible to exploit its full potential, using the Complexity lens with the Cynefin framework has proved to be a powerful tool for identifying nuanced and dynamic emergence in the context. It was not even possible to exploit the full potential of a sense-making tool in the social process. The framework made it possible to promote conscious reflection on the benefits and risks of potential actions. Thus, there are no investments in interventions that are ineffective or

detrimental where there is a clear differentiation in complexity and inconsistency with the level of complexity (e.g. in this case, attempting to combine VMMC with HIV testing in promotional messages or creating a collaboration that does not stimulate innovation due to its top-down, centralised governance). It, therefore, means that Social Marketing designers should complement their skills in non-reductionist methods. They need an understanding that whenever we deal with humans, communities, or social networks, we are engaging with Complex Adaptive Systems with infinite interaction outcomes that may be useful or not useful in the pursuit of community good. It has been demonstrated that we will never find sustainable solutions to challenging complex social promotion issues like identifying social determinants by using reductionist thinking, just because our profession, practice and literature has demonstrated so. Therefore, practitioners and scholars need to be aware of logical errors when decisions based on findings from the methodology's rigorous application are made when an inappropriate methodology is chosen. Therefore, one question is always pertinent: "Will treating a problem as simple or complicated result in sustainability? Treating a problem as simple or complicated is reductionist thinking which completely removes the aspects in the broader context in which sustainability must be rooted.

Although there is room for ordered and reductionist approaches, a Complex adaptive system lens combined with the Cynefin framework per se, among others, reduce the likelihood of missing out on potentially important contextual factors. The proposed process for designing and implementing social marketing in figure 5.2 above does not eliminate ordered and linear approaches. These 'evidence-based practice' and hierarchical management structures of traditional social marketing can be

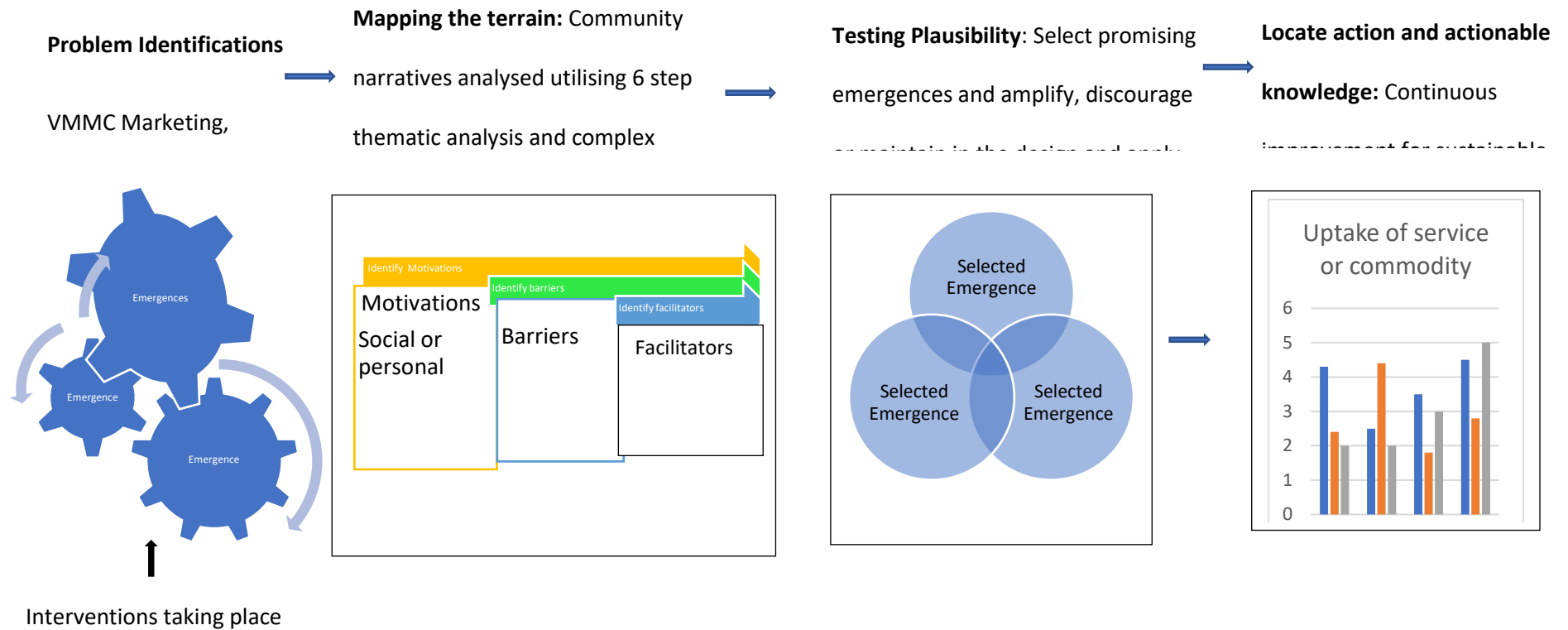
detrimental to addressing complex multidimensional issues when not taken out of isolation. The process clarifies the inability to capture the emergent factors that have proven to be the cornerstone of sustainability in this project. There is, therefore, an urgent need to advocate for Social Marketing plans to reflect understanding of complex issues and place value on CAS-based approaches to 'wicked' problems. Figure 5.2 demonstrated a requirement that Social marketing should embarrass firmly *“planning and monitoring processes that go beyond implementing ‘best practice interventions’, evaluated against forecasted and narrowly defined Key Performance Indicators”* (Eric et al., 2011, pg. 81). The process provides room for learning and innovation based on the ‘probe, sense, respond’ principle appropriate to complex issues as per Kurtz and Snowden (2003) thinking. They see them as a sense-making tool in the social process.

6.5 Conclusions and Recommendations

Emergence in Complex Adaptive System theory offers social marketing and marketing a powerful conceptual tool that helps practitioners identify sustainability imperatives in the context. The Cynefin Framework has demonstrated its usefulness in nudging the practitioners towards the most appropriate approaches within the level of complexity to address issues. It also identified the pitfalls in the chaos of using 'one-size-fits-all' in the examples provided earlier. There is merit in using Complex Adaptive System and the Cynefin Framework in Social marketing frameworks, discourse and practice. The process does not discard the use of already existing Social marketing framework but enables their effective and efficient use when sustainability is critical. It also provides an easier way to communicate the value and

meaning of work that has taken place within a system that essentially privileges a reductionist approach. It has challenged the preferential engagement with 'downstream' issues confirming the importance of contextualised, emergent practice within communities when working with complex issues such as social marketing.

Figure 6.4: A suggested practice approach to Social Marketing Design that enables Sustainable Promotion and Uptake



6.6 Reflections

The research design implementation began when the research problem identified the low uptake of voluntary medical circumcision services. The proposal was accepted as a good workplace problem that can benefit both the practice and scholarship sectors. The guidance received from the first supervisor through the supply of papers and change of topic led to the realisation of the potential explanatory factors regarding the low uptake of voluntary medical circumcision services despite promotional efforts. One of the realisations is the fixation of the practitioners and scholars on linearity. The implications of the need to consider the paradigms on which social marketing designs are based are critical. Papers by Nolan and Varey (2014) contributed to this. The literature posits that social marketing, when carefully designed, system complexities may provide a window of sustainability imperatives. Kurtz and Snowden (2003) provided the complexities around messaging and the lack of predictions regarding reactions arising from capabilities. These lead to the development of questions that sought to identify how VMMC is perceived in the community and then develop actions to address the perception to promote VMMC positively.

It is assumed that if VMMC is promoted positively considering the sustainability imperatives emerging from interpretations and meaning-making in the community, then VMMC uptake would improve and sustain. The identified questions are on understanding the complex dynamic landscape. The questions were informed by initial discussions that had been undertaken to understand why men were not

consuming HIV prevention and reproductive health services as women in general. It had been identified that men were not consuming HIV testing services and that men were also not following treatment guidelines like women. Men are more likely to default in adherence to HIV treatment than women in Zimbabwe.

The other learning that I experienced was when I noticed that the interviewers' transcription was initially summary information rather than word by word transcription as spoken during the data collection. I do not speak Shona. I discovered this when I asked someone else to listen to the recorded information and compare it with the written records. She told me that they were almost the same but not word by word. Accordingly, I asked the transcribers to repeat the transcription word for word for both Shona and English transcripts. In sense-making, meanings could be lost if the coded information is not as close as possible to that spoken during the data collection. The summaries were not providing rich information. So much would have been lost if I had only used the summaries. I would not have known the existence of self-motivating groups of individuals. It is therefore essential to ensure that word by word transcription is done to benefit from thematic analysis.

In this thesis, I experienced scholarship challenges. For example, initially, I used three different ways to analyse the narratives. I had to make changes, but it was necessary to add a suitable dimension in knowledge creation and methods and perseverance in generating knowledge. It involved going back to the literature to understand template analysis and the development of themes. Although the thesis identified many opportunities, only one was piloted. There is still much useful

information. The other change that occurred in the process was I started with the topic indicating that my problem was sustainable uptake. After analysing the narratives, I discovered that what I needed to look at was a sustainable promotion or social marketing that cause sustainable uptake of the service or the product.

It is argued that the purpose of utilising the Cynefin framework is to avoid 'entrained thinking', where managers or leaders condition themselves to do things the same way they have been doing despite changes in the context they are operating. It means similarly designing social marketing interventions or using similar ontological and epistemological approaches. I am breaking away from this and introducing diversity in social marketing. The knowledge of success or training influences the way we do things. Snowden and Boon (2007) call it falling back to the default decision making a habit that may not be appropriate to the current context.

According to Van Beurden, Kia, Zask, Dietrich and Rose (2011) and Stumberg and Martin (2008), changes in the context imply knowledge to use or action use and, hence, the subsequent implication leadership decisions. I have, therefore, demonstrated that a DBA could be attained by shifting philosophies in the knowledge that is used to construct strategies or interventions.

6.7 Further Research areas

This paper concentrated on how to increase VMMC uptake and make uptake sustainable. During the study, it became clear that sustainable uptake needed to go hand in hand with sustainable promotion. It was not the scope of this paper to decouple the two. It, therefore, remains as part of further research to establish empirically what the relationship between sustainable uptake and sustainable promotion is. Can sustainable uptake be present in the absence of sustainable promotion? It is noted that this study uncovered various themes that emerged in the landscape and includes various misconceptions, efficacy issues, facilitation, norms, and social capital. It remains yet to be researched if they can be applied in designing social marketing approaches for other products and services. Nevertheless, I found several opportunities to research while conducting this research to increase the knowledge base for social marketing in resource-constrained setups, especially when utilising participants and practitioners from the setup.

The other important area that needs further research in social marketing is defining very well the concept of complexity. There is no agreed definition currently in social marketing as well in the management discipline. The most informative definition is that of Tsoukas and Jo Hatch (2014), with complexity referring to the ability to generate inequivalent descriptions of a system or process by an observer and not being an intrinsic property of the system observer-dependent feature obtained informed by interpretations. Tsoukas and Jo Hatch, 2001; Vindrola-Padres and Johnson, 2014 have argued that there are complexity levels. First is 'order' as

attributed to a system with dimensions of non-linearity. Then fractality, recursiveness, sensitivity to initial conditions and involvement of feedback loops leading to emergence. There has been the introduction of second-order complexity by Tsoukas and Jo Hatch (2014) that is associated with thinking and expressed in narratives. Other disciplines like education have refined the definition of complexity, given that most of the time, education involves the passage of information and skills to lead to task performance. They have, therefore, analysed the characteristics of a task leading to the definition that concerns cognition and performance and varies with the subject area. One interesting example I found is that of an investigation on the impact of task sequencing from simple to complex for students learning the second language (Raruji and Ghaemi, 2017) in which the results showed that there is a significant impact in sequencing tasks from the simple to complex and improves the children performance. There is a clear definition of the complexity of the task and manipulation in this example, something absent in social marketing. In social marketing, I would assume that the task would be the social marketing strategy, and the target population would be like the students in this case. We cannot describe the complexity of the design and be able to design manipulation and sequencing to a complex context. I would think, therefore *Inshalla*, this is a critical area for future research.

6.8 Limitation of the Study

This study did not utilise the probability sampling methodology in selecting the respondents but instead using a register and sampling from a register. The findings concerning mobilisers may only apply to VMMC promotion in the context and not in other contexts and more so those interacting with the systems and information. It

may, however, be generalised in regards to the use of emergence as an imperative for sustainability, possibly in many practices beyond social marketing.

It was not possible to refine and test the feasible ingredients for sustainable promotion. There have been time limits for completing my studies and general barriers to action research in social marketing and general marketing at large, where changes take time to detect, and implementation of interventions occur in broad geographical settings

Word Count 46,025

Appendices

Appendix A. Participant Consent Form

Committee on Research Ethics

PARTICIPANT CONSENT FORM

Title of Research Project:	HOW CAN SOCIAL MARKETING INCREASE THE SUSTAINABLE UPTAKE OF VOLUNTARY MALE CIRCUMCISION WITHIN A NON-CIRCUMCISING COMMUNITY IN ZIMBABWE?	
Researcher: 1. Boaz Cheluget		Please initial box
1. I confirm that I have read and have understood the information sheet dated 4 th April 2018 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.		<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any question or questions, I am free to decline.		<input type="checkbox"/>
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide, and I can also request the destruction of that information if I wish.		<input type="checkbox"/>
4. I agree to take part in the above study.		<input type="checkbox"/>
5. I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any publications		

	<input type="checkbox"/>
6. I agree for the data collected from me to be used in future research and understand that any such use of identifiable data would be reviewed and approved by a research ethics committee.	<input type="checkbox"/>
7. I understand and agree that my participation will be audio recorded and I am aware of and consent to your use of these recordings for the following purposes of understanding social mobilization in social marketing for voluntary medical circumcision in Zimbabwe.	<input type="checkbox"/>
8. I understand that I must not take part if I do not qualify to be included in the group or if I decline participation Qualifying individuals <ul style="list-style-type: none"> - At least 18 years or older - A parent or a community opinion leader - A partner to a male over 18 years - Village health worker or community mobiliser - The clinician responsible for carrying out Voluntary Medical Male Circumcision - Designer of social marketing - A member of the national technical working group on Voluntary Medical Male Circumcision 	<input type="checkbox"/>
9. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.	<input type="checkbox"/>
10. I understand and agree that once I submit my data it will become anonymised and I will therefore no longer be able to withdraw my data.	<input type="checkbox"/>

Participant Name Date Signature

Name of Person taking consent Date Signature

Researcher Date Signature

Researcher: Boaz Cheluget

Work Address 19 Chamberlain, Harare

Work Telephone +263772141632

Work Email boaz.kiprop@gmail.com

Appendix B. Participant Information Sheet Guidelines

Committee on Research Ethics

Participant Information Sheet Guidelines

1. Title of Study

Can engaging communities using special dialogue technique and experimentation to understand community perspective on social marketing messages affect the design and delivery of Social Marketing for voluntary medical male circumcision?

2. Version Number 2 and Date Version 15th March 2018

3. Invitation Paragraph

You are being invited to participate in a research study above. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and GP if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

4. What is the purpose of the study?

The purpose of the study is to improve how social mobilization for voluntary medical male circumcision (VMMC) through social marketing. The study will be seeking your experience, perceptions and opinion on the conduct of social marketing for VMMC in the community.

5. Why have I been chosen to take part?

This study will seek experiences and information from 8 groups that contribute to social marketing and delivery of voluntary medical services (VMMC) in the community. You are either therefore belong to one of the following groups:

- (i) Targeted consumers of VMMC (18-29) year old males or older,
- (ii) Parents and Opinion leaders in the community,
- (iii) Partners of consumers,
- (iv) Promoters of VMMC,
- (v) Village Health Workers,
- (vi) Health facility VMMC clinicians,
- (vii) Designers of social marketing strategies,
- (viii) National VMMC Technical Working Worker

6. Do I have to take part?

Participation is purely voluntary, and you are free to withdraw at any time without explanation and without incurring any disadvantage at all.

7. What will happen if I take part?

This research will be conducted through interviews and focus group discussion. Interviews may be individual or collective and with your informed consent. You will be discussing with members of the group that you belong to. Focus group discussions may occur 2 to 3 times in the next 3 months. You will only be required to contribute your experience from your own perspective and opinions. This will be treated confidentially. If discussions become uncomfortable to you, you can withdraw without giving any explanation or incurring any disadvantage.

8. Expenses and / or payments

NO PAYMENTS BUT TRANSPORT REIMBURSEMENT AND REFRESHMENT WILL BE PROVIDED.

9. Are there any risks in taking part?

There are no risks in taking part

10. Are there any benefits in taking part?

Benefits of taking part will be improved knowledge of social marketing for voluntary medical male circumcisers and discussions with others. Other possible benefits include increased knowledge on the benefits of voluntary medical male circumcision and knowledge of places where VMMC could be obtained.

11. What if I am unhappy or if there is a problem?

“If you are unhappy, or if there is a problem, please feel free to let us know by contacting [Dr Terry Nolan, terry.nolan@online.liverpool.ac.uk] and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.”

12. Will my participation be kept confidential?

Information will be stored securely as well as will be anonymised such that no information can be linked to you. Information will be kept for 5 years then discarded.

Participants in the interviews and focus group discussions identifications will be coded with codes only known and stored by the researcher under lock and key in the office that is also usually locked such that data is anonymised any time.

Disclosure of criminal activity

If there is potential disclosure of serious criminal activity (e.g. research with young offenders/prisoners) **confidentiality may not always be assured.**

13. What will happen to the results of the study?

A report of the results will be used in my Doctoral Thesis and report provided to the Ministry of Health and Child Care as well to the chief of the community.

14. What will happen if I want to stop taking part?

You can withdraw at any time, without explanation. Results up to the period of withdrawal may be used if you are happy for this to be done. Otherwise, you may request that they are

destroyed, and no further use is made of them. .If results are anonymised, it will be destroyed the stage where anonymity occurs.

15. Who can I contact if I have further questions?

In case of any questions contact Principal Investigator.

Terry.nolan@@online.liverpool.ac.uk

16. OPTIONAL SECTION - Criminal Records Bureau check (CRB)

If the research involves vulnerable people (e.g. children, the elderly, those with learning disabilities etc) you will need to obtain a Criminal Records Bureau (CRB) Disclosure (for details on how to obtain a CRB please see [www.liv.ac.uk/research ethics](http://www.liv.ac.uk/research%20ethics)). You may, therefore, want to make a short statement to explain that the researchers involved have obtained a CRB Disclosure and that research participants may request evidence of the Disclosure from the PI.

Finally

This research has a duty of care to research participants

If risk below occurs, see the procedure that will be followed.

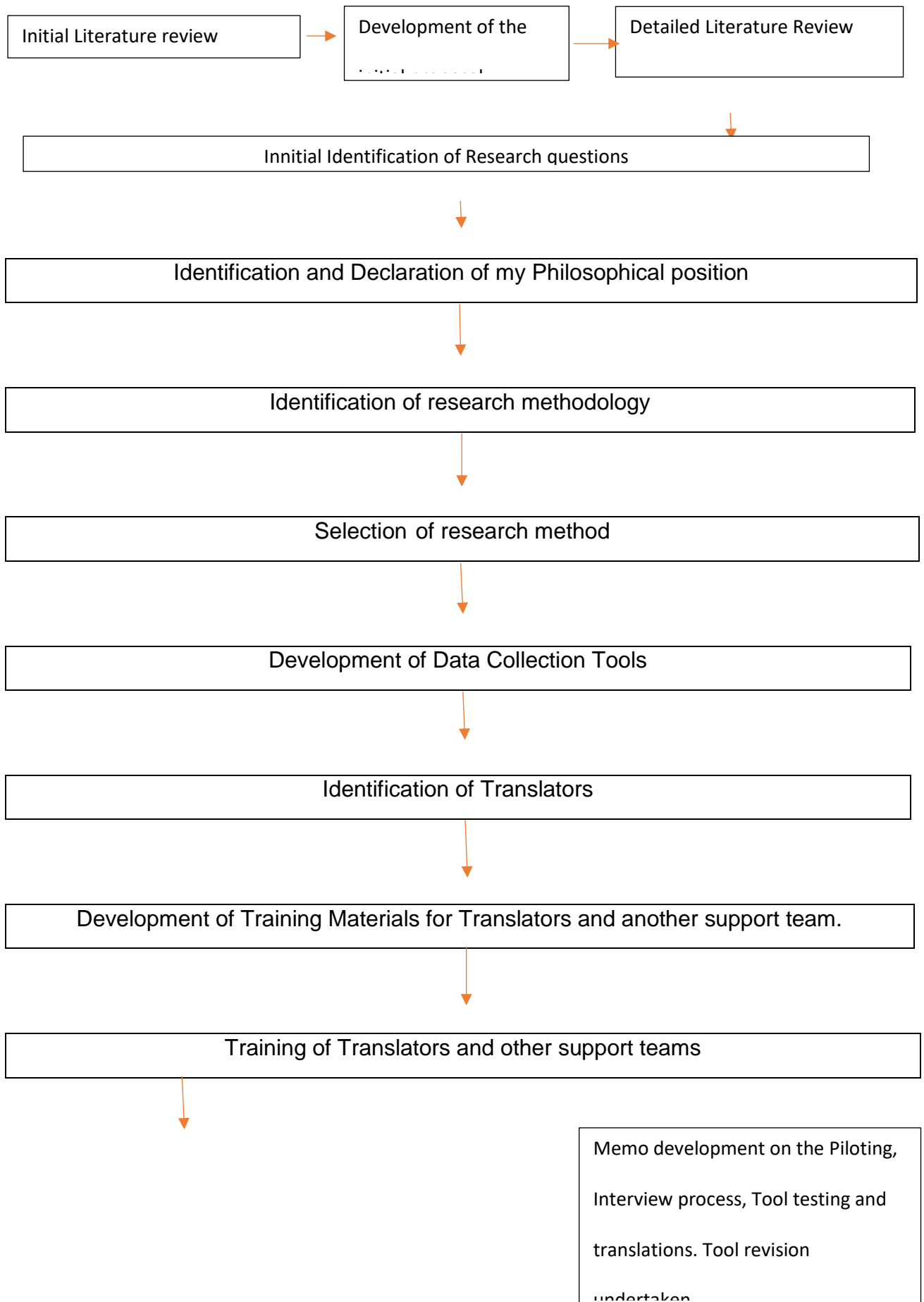
1. in the event of discovering a medical risk, we may advise that information collected may be referred to an appropriate medical practitioner for examination

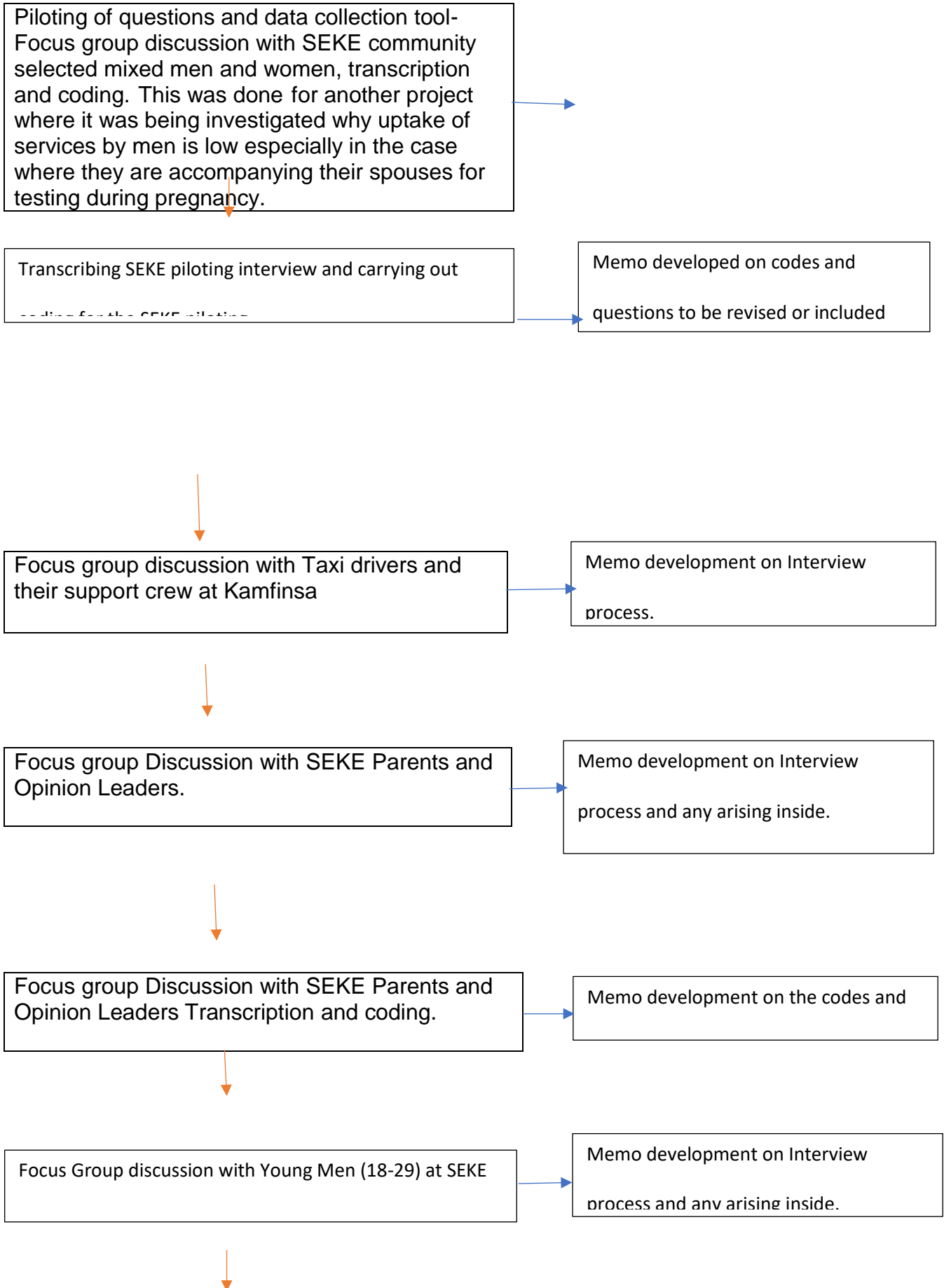
Appendix C: Questions to various stakeholders

<p>Questions to be administered through focus group discussions and or semi-structured questionnaire</p>	<p>Target Stakeholders Focus group discussions</p>
<p>How is VMMC promoted? How is the information from VMMC promotion interpreted in the community? What are the main barriers in seeking and consuming Voluntary Medical Male Circumcision services by youth 18-29-year-old and other people in this community? What and why do you think information is useful in catalysing action by individuals or community? What information and why do you think is not useful in the current social marketing strategy?</p> <p>What information and means of delivering do you think can improve the delivery of social marketing?</p>	<ul style="list-style-type: none"> (ix) Targeted consumers of VMMC (18-29) year old males, (x) Parents and Opinion leaders in the community 15-49-year-old, (xi) Partners of consumers, (xii) Promoters of VMMC, (xiii) Village Health Workers, (xiv) Health facility VMMC clinicians, (xv) Designers of social marketing strategies, (xvi) National VMMC Technical Working Worker
<p>How best can VMMC be promoted in the community to enable acceptance</p>	<ul style="list-style-type: none"> (i) Targeted consumers of VMMC (18-29) year old males, (ii) Parents and Opinion leaders in the community 15-49-year-old,

<p>and be driven by community ownership?</p>	<ul style="list-style-type: none"> (iii) Partners of consumers, (iv) Promoters of VMMC, (v) Village Health Workers, (vi) Health facility VMMC clinicians, (vii) Designers of social marketing strategies, (viii) National VMMC Technical Working Worker
<p>What responsibilities can the community take in promotion and institutionalization of VMMC?</p>	<ul style="list-style-type: none"> (i) Targeted consumers of VMMC (18-29) year old males, (ii) Parents and Opinion leaders in the community 15-49-year-old, (iii) Partners of consumers, (iv) Promoters of VMMC, (v) Village Health Workers, (vi) Health facility VMMC clinicians, (vii) Designers of social marketing strategies, (viii) National VMMC Technical Working Worker

Appendix D: Summary Project Implementation.





Focus Group discussion with Young Men (18-29)

Memo development on Interview process and analyzing inside



Focus group discussion with implementers of Social marketing (PSI or population service international)

Memo development



Focus group discussion with organizational members that support the social marketing

Memo development



Analysis of Narratives into themes and actions using Thematic analysis

Develop Memo



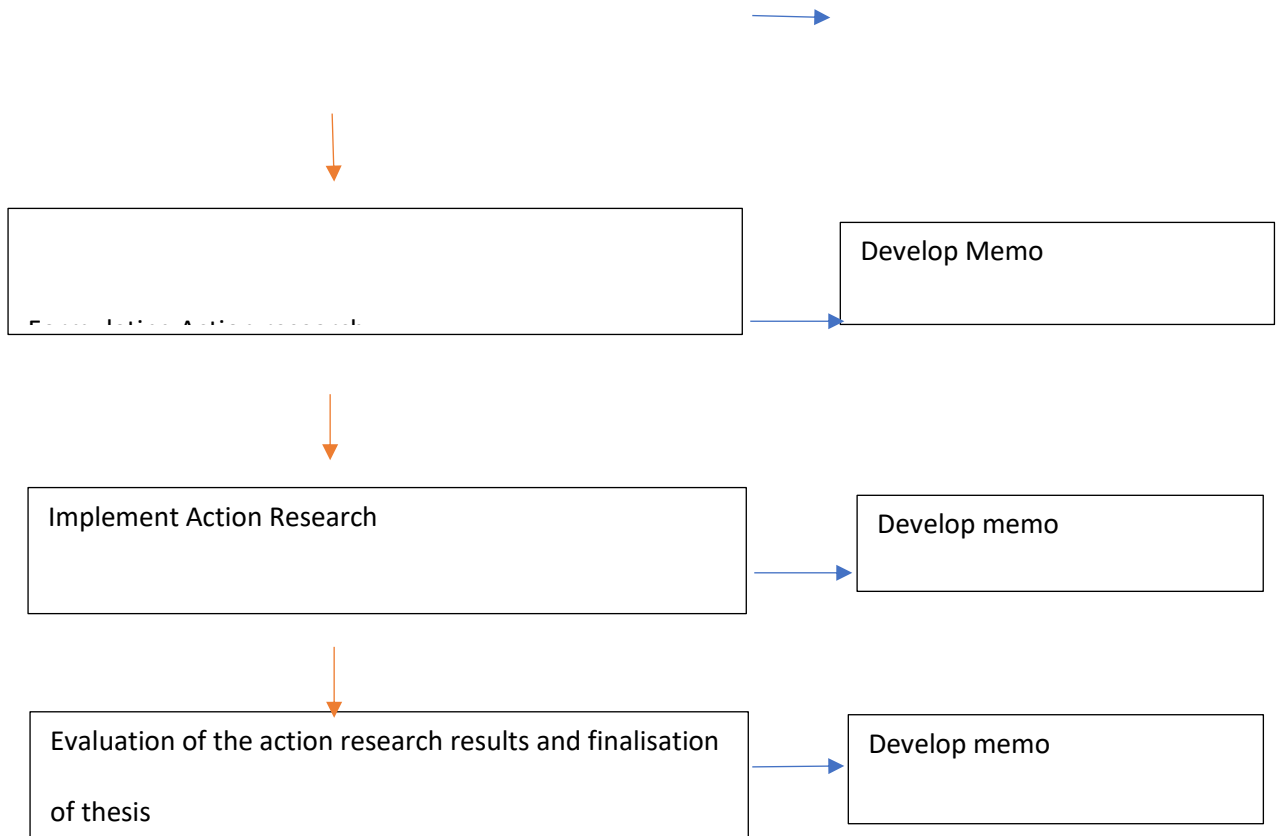
Finalization of Literature Review

Develop Memo



Mapping of Themes into Cynefin framework of leadership decisions and obtaining key actions for action research

Develop Memo



Appendix E: Data Collection Tool

Key Informant Interviews Questionnaires Questions

How is VMMC promoted

- Have you heard about Voluntary Medical Male Circumcision in this community?
- Could you describe what you heard regarding Voluntary Medical male Circumcision?
- Could you describe where you heard this information and who was providing this information?
- Could you describe who was promoting VMMC?
- Could you also describe how VMMC was promoted?

Interpretation of the information or social marketing activities

- Could you describe what feelings or belief did you develop about who was passing the information?
- How about how the information was passed could you explain what feelings or perception did you form from the information passed and about how the information was passed?
- Could you try to explain why VMMC promotion information and activities affected you this way?
- Did the promotion help you to make a decision on seeking and getting VMMC or encouraging someone to go and get VMMC?
- Why did you decide to seek VMMC or encourage someone to go for VMMC?
- If you did not seek VMMC or do not wish to encourage someone to seek VMMC, could you describe why you hold this view?

How best should Voluntary Medical Male Circumcision be promoted to ensure community members consistently and reliably seek services or encourage others to seek services?

- Could describe what you think about current promotion and making community members seek voluntary medical male circumcision or encourage and support others to seek VMMC service?
- Could describe why you hold this view explaining the reason why you hold this view?
- Could you provide a suggestion on how VMMC should be promoted to ensure community members consistently and reliably seek services or encourage others to seek services?
- Could explain why you think your suggestion is the best way to promote VMMC to ensure community members consistently and reliably seek services or encourage others to seek services?
- What do you suggest as the best way to promote VMMC in such a way that VMMC would be promoted?

Responsibilities that the community could take in VMMC promotion?

- Do you think the community could have a role in VMMC promotion?
- What do you think could be the role community could in VMMC promotion?
- How should this role in promoting VMMC by community be undertaken?
- Do you have any experience of VMMC that you could to share or tell a story about?

Stakeholders (Parents)

A. INTRODUCTION

My name is*Moderator*..... and with me is*Notetaker*..... and*Facilitator/translator*..... We are part of a team studying on **Social Marketing for Voluntary Medical Male Circumcision Research**. First, let me thank you for agreeing to talk with us today- I appreciate you taking the time. Today’s conversation will be about **Voluntary Medical Male Circumcision Promotion in the community**. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and your doctor if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. We’ll be discussing together and there is no right or wrong answer, and I personally am not looking for any response other than your own truth and how you, specifically, feel.

B. What is the purpose of the study?

The purpose of the study is to improve how social mobilization for voluntary medical male circumcision (VMMC) through social marketing. The study will be seeking your experience, perceptions and opinion on the conduct of social marketing for VMMC in the community.

C. Why have I been chosen to take part?

This study will seek experiences and information from 8 groups that contribute to social marketing and delivery of voluntary medical services (VMMC) in the community. You are either therefore belong to one of the following groups:

- (xvii) Targeted consumers of VMMC (18-29) year old males or older,
- (xviii) Parents and Opinion leaders in the community,
- (xix) Partners of consumers,
- (xx) Promoters of VMMC,
- (xxi) Village Health Workers,
- (xxii) Health facility VMMC clinicians,
- (xxiii) Designers of social marketing strategies,
- (xxiv) National VMMC Technical Working Worker
- (xxv) A VMMC programme beneficiary
- (xxvi) Teacher of a school where VMMC intervention has taken place

D. Do I have to take part?

Participation is purely voluntary, and you are free to withdraw at any time without explanation and without incurring any disadvantage at all.

E. What will happen if I take part?

This research will be conducted through interviews and focus group discussion. Interviews may be individual or collective and with your informed consent. You will be discussing with members of the group that you belong to. Focus group discussions may occur 2 to 3 times in the next 3 months. You will only be required to contribute your experience from your own perspective and opinions. This will be treated confidentially. If discussions become uncomfortable to you, you can withdraw without giving any explanation or incurring any disadvantage.

F. Expenses and / or payments

NO PAYMENTS BUT TRANSPORT REIMBURSEMENT AND REFRESHMENT WILL BE PROVIDED.

G. Are there any risks in taking part?

There are no risks in taking part

H. Are there any benefits in taking part?

Benefits of taking part will be improved knowledge of social marketing for voluntary medical male circumcises and discussions with others. Other possible benefits include increased knowledge on the benefits of voluntary medical male circumcision and knowledge of places where VMMC could be obtained.

I. What if I am unhappy or if there is a problem?

“If you are unhappy, or if there is a problem, please feel free to let us know by contacting [Boaz CHELUGET, boaz.kiprop@gmail.com] and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.”

J. Will my participation be kept confidential?

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K. What will happen to the results of the study?

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M. **Who can I contact if I have further questions?**

In case of any questions contact Principal Investigator.

Boaz.cheluget@online.liverpool.ac.uk

Finally,...

This research has a duty of care to research participants

If risk below occurs, see the procedure that will be followed.

N. in the event of discovering a medical risk, we may advise that information collected may be referred to an appropriate medical practitioner for examination

Stakeholders (Consumers of VMMC (18-29) year old males,)

O. INTRODUCTION

My name is*Moderator*..... and with me is*Notetaker*..... and*Facilitator/translator*..... We are part of a team studying on **Social Marketing for Voluntary Medical Male Circumcision Research**. First, let me thank you for agreeing to talk with us today- I appreciate you taking the time. Today's conversation will be about **Voluntary Medical Male Circumcision Promotion in the community**. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and your doctor if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. We'll be discussing together and there is no right or wrong answer, and I personally am not looking for any response other than your own truth and how you, specifically, feel.

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- (xxviii) Parents and Opinion leaders in the community,
- (xxix) Partners of consumers,
- (xxx) Promoters of VMMC,
- (xxxi) Village Health Workers,
- (xxxii) Health facility VMMC clinicians,
- (xxxiii) Designers of social marketing strategies,
- (xxxiv) National VMMC Technical Working Worker
- (xxxv) A VMMC programme beneficiary
- (xxxvi) Teacher of a school where VMMC intervention has taken place

R. Do I have to take part?

Participation is purely voluntary, and you are free to withdraw at any time without explanation and without incurring any disadvantage at all.

S. What will happen if I take part?

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T. Expenses and / or payments

NO PAYMENTS BUT TRANSPORT REIMBURSEMENT AND REFRESHMENT WILL BE PROVIDED.

U. Are there any risks in taking part?

There are no risks in taking part

V. Are there any benefits in taking part?

Benefits of taking part will be improved knowledge of social marketing for voluntary medical male circumcises and discussions with others. Other possible benefits include increased knowledge on the benefits of voluntary medical male circumcision and knowledge of places where VMMC could be obtained.

W. What if I am unhappy or if there is a problem?

“If you are unhappy, or if there is a problem, please feel free to let us know by contacting [Boaz CHELUGET, boaz.kiprop@gmail.com) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.”

X. Will my participation be kept confidential?

Information will be stored securely as well as will be anonymised such that no information can be linked to you. Information will be kept for 5 years then discarded.

Participants in the interviews and focus group discussions identifications will be coded with codes only known and stored by the researcher under lock and key in the office that is also usually locked such that data is anonymised any time.

Y. What will happen to the results of the study?

A report of the results will be used in my Doctoral Thesis and report provided to the Ministry of Health and Child Care as well to the chief of the community.

Z. What will happen if I want to stop taking part?

You can withdraw at any time, without explanation. Results up to the period of withdrawal may be used if you are happy for this to be done. Otherwise, you may request that they are destroyed, and no further use is made of them. .If results are anonymised, it will be destroyed at the stage where anonymity occurs.

AA. Who can I contact if I have further questions?

In case of any questions contact Principal Investigator.

Boaz.cheluget@online.liverpool.ac.uk

Finally,...

This research has a duty of care to research participants

If risk below occurs, see the procedure that will be followed.

BB. in the event of discovering a medical risk, we may advise that information collected may be referred to an appropriate medical practitioner for examination

Appendix H: Participants Registration Form

If the person already has a Pseudonym from the IDI, do not feel the whole row, just enter the ID from IDI

Pseudonym	ID IDI	Sex	Age	Religion	Ethnic group	Marital status	No. of VMMC		VMMC Status of children	Highest Education	Pseudonym of Partner	
							children	(spouse)				
							Boys	Girls	All	Some	None	N/A
1		F										
2		F										
3		F										
4		F										
5		F										
6		F										

Appendix I: Training Schedule

Social Marketing for VMMC study

Social Marketing for Voluntary Medical Male Circumcision Research

Time	11 May 2018	Responsibility
8:30	Reception and Introductions	
-	Overview of Social Marketing for Voluntary Medical Male Circumcision Research	
09:30	Review of the Consent and introduction letter	Boaz
	Review of the interview and Focus group content	
	<i>Break</i>	
10:00	Interview management	Boaz
-	Focus group management	
	Transcript management	
	Recorder management	
11:00	Note-taking skills	
	Moderation skills	
	Facilitation skills	
	Time management	
	Interviewing skills	
	<i>Break/Lunch</i>	
13:00	Field visit for Piloting and calibration of the instrument	
-	Debriefing of the experiences	Team
15:00		

Appendix J: Consumers Summary Form

If the person already has a Pseudonym from the IDI, do not feel the whole row, just enter the ID from IDI

Pseudonym	ID IDI	Age	Religion	Ethnic group	Marital status	VMC Status of children				Highest Education
						All	Some	None	N/A	
1										
2										
3										
4										
5										
6										
7										

TRAINING SCHEDULE

Social Marketing for Voluntary Medical Male Circumcision

Research

Time	11 May 2018	Responsibility
8:30	Reception and Introductions	
-	Overview of Social Marketing for Voluntary Medical	
09:30	Male Circumcision Research	
	Review of the Consent and introduction letter	Boaz
	Review of the interview and Focus group content	
	<i>Break</i>	
10:00	Interview management	Gift
-	Focus group management	
	Transcript management	
	Recorder management	
11:00	Note-taking skills	
	Moderation skills	
	Facilitation	
	Listening skills	Team
	Time management	
	Interviewing skills	
	<i>Break/Lunch</i>	
13:00	Field visit for Piloting and calibration of the instrument	
-	Debriefing of the experience	
15:00		

Appendix L: Transcript Development guideline

(If the person already have a Pseudonym from the IDI, do not feel the whole row, just enter the ID from IDI)

Pseudonym	ID	Sex	Age	Religion	Ethnic	Marital	No.	of	VMMC	VMMC	Status	of	Highest	Pseudonym	Pseudonym
	IDI				group	status	children		Status	children			Education	of partner	of parent
							Boys	Girls		All	Some	None	N/A		

- 1
- 2
- 3
- 4
- 5
- 6

Appendix M: Questions on How is VMMC promoted in your area?

Have you heard Voluntary Medical Male Circumcision promotion in this community?

CH1

Here in Chitungwiza,

CH4

On radio too.

Could you describe what you heard regarding Voluntary Medical male Circumcision?

Could you describe where you heard information?

Could you explain who was providing this information?

How did you interpret the information on VMMC social marketing activities?

What things come to your mind first when you think or hear about VMMC?

Could you describe what feelings or beliefs did you develop about who was passing the information?

Explain what feelings or perception did you form from the information passed and about how the information was passed?

Could you try to explain why VMMC promotion information and activities affected you this way?

Did the information make you decide to have you/partner/child to go for VMMC?

How best should VMMC be promoted to ensure community members consistently and reliably seek services?

Could you describe what you think about current promotion and whether it is making community members seek VMMC for their children and dependents or encourage and support others to seek VMMC service?

Could you describe why you hold this view explaining the reason why you hold this view?

Could you provide a suggestion on how VMMC should be promoted to ensure community members consistently and reliably seek services for their children or encourage others to seek services?

Could you explain why you think your suggestion is the best way to promote VMMC to ensure community members consistently and reliably seek services or encourage others to seek services?

What do you suggest as the best way to promote VMMC in such a way that VMMC would be promoted in a way the community would own VMMC promotion?

Give examples on how the community has owned other projects

What responsibilities can the community take in VMMC promotion?

Do you think the community has a role in VMMC promotion?

In your opinion, what role can the community play in VMMC promotion?

How should this role in promoting VMMC by community be undertaken?

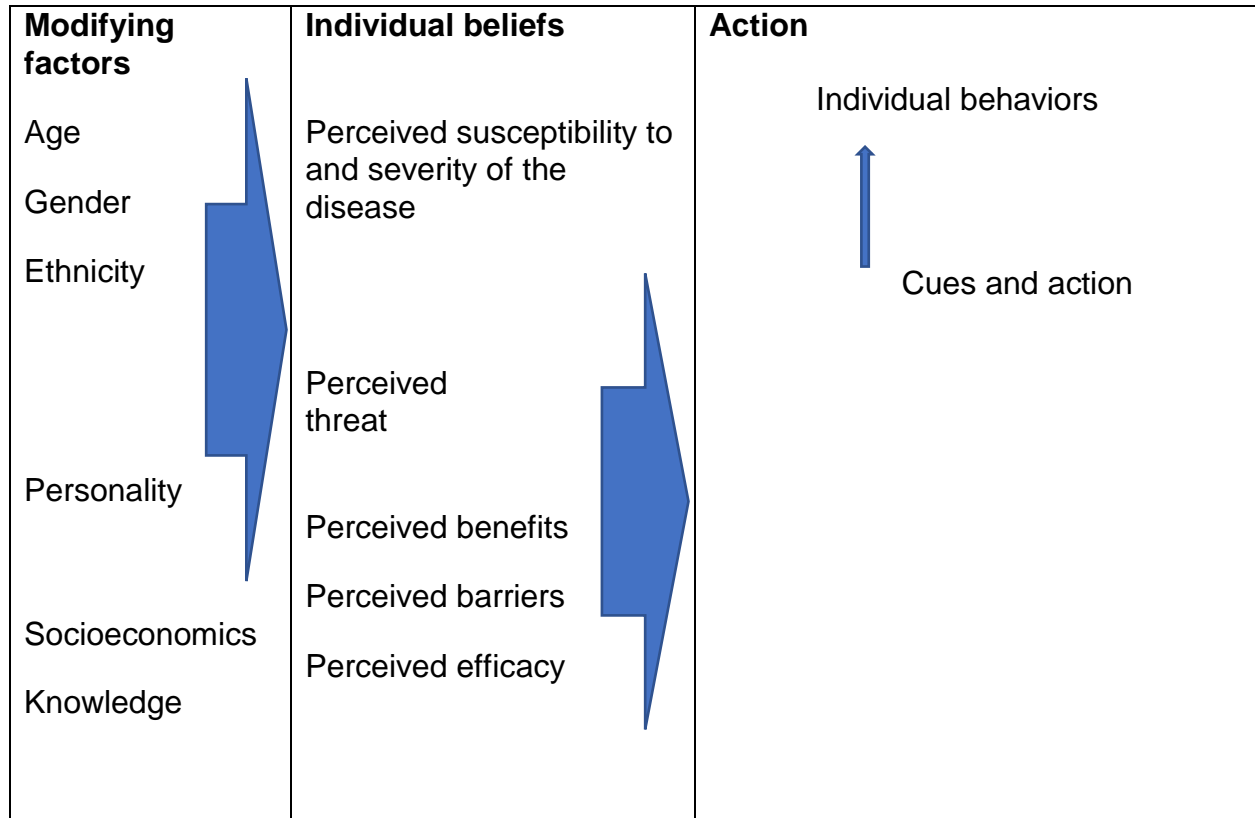
Do you have any experience of VMMC that you could like to share or tell a story about?

Comments

APPENDIX N: Mobile VMMC at Mabvuku Shopping Centre



APPENDIX O: Health Belief Model



Source: Glanz, Rimer and Viswanath (2008)

APPENDIX P: Health Belief Model Concepts and Constructs.

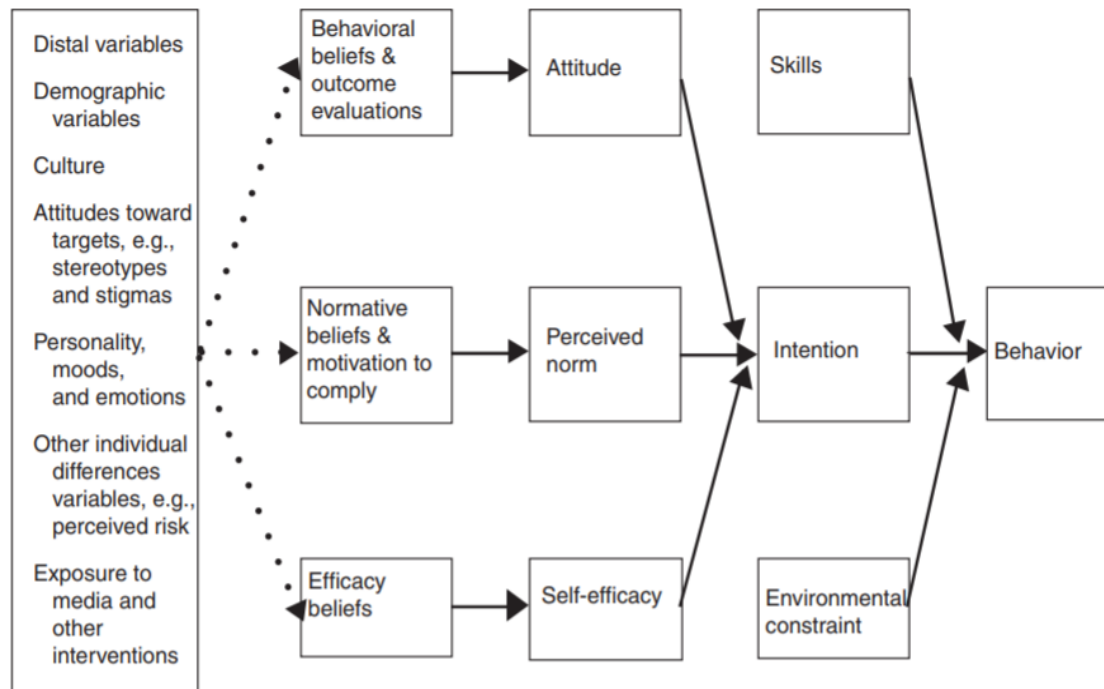
Theory or Model	Concepts and their constructs	Definition	application
<p>Health Belief Model</p> <p>Source: Glanz, Rimer and Viswanath (2008)</p>	Perceived Susceptibility	Belief about the chances of experiencing a risk or getting a condition or disease	Define population(s) at risk, risk levels Personalize risk based on a person's characteristics or behavior. Make perceived susceptibility more consistent with an individual's actual risk
	Perceived severity	Belief about how serious a condition and its sequelae are	Specify the consequences of risks and conditions
	Perceived benefits	Belief inefficacy of the advised action to reduce risk or seriousness of the impact	Define the action to take how, where, when; clarify the positive effects to be expected
	Perceived barriers	Belief about the tangible and psychological costs of the advised action	Identify and reduce perceived barriers through reassurance, correction of misinformation, incentives, assistance
	Cues to action	Strategies to activate "readiness"	Provide how-to information, promote awareness, use appropriate reminder systems
	Self-efficacy	Confidence in one's ability to act.	Provide training and guidance in performing the recommended action. Use progressive goal setting Give verbal reinforcement Demonstrate desired behaviors reduce anxiety

APPENDIX Q: Transtheoretical model with stages of change

Theory or Model	Concepts and their constructs	Definition
Transtheoretical Model and stages of change	Precontemplation	No intention to act within the next 6 months
	Contemplation	Intends to act within the next 6 months
	Preparation	Intends to act within the next 30 days and has taken the decision
	Action	Changed overt behaviour for less than 6 months
	Maintenance	Changed overt behaviour for more than 6 months

Source: Glanz, Rimer and Viswanath (2008)

APPENDIX R: Trans-theoretical model with stages of change



Source: Fishbein and Yzer (2003)

APPENDIX S: Social cognitive theory constructs, concepts, and their meaning

Reciprocal determinism	Environmental factors influence individuals and groups, but individuals and groups can also influence their environments and regulate their own behaviour	Planned protection and promotion of public actions by changing environmental factors that influence health and behaviour
Outcome expectations	Beliefs about the likelihood and value of the consequences of behavioural choices	Changing expectations about the pleasure associated with condoms (McAlister and others, 2000)
Self-efficacy	Beliefs about the personal ability to perform behaviours that bring desired outcomes	Improving women's beliefs about their ability to convince partners to use condoms (McAlister and others, 2000)
Collective efficacy	Beliefs about the ability of a group to perform concerted actions that bring desired outcomes	Organization of parents' groups to organize safe parties and advocate other environmental changes to reduce underage alcohol use (Perry and others, 2002)
Observational learning	Learning to perform new behaviours by exposure to interpersonal or media displays of them, particularly through peer modelling	Behavioural journalism promoting condom use (McAlister, Johnson, and others, 2000) and entertainment-education featuring women empowered with literacy skills (Singhal and Rogers, 1999)
Incentive motivation	The use and misuse of rewards and punishments to modify behaviour	Laws prosecuting teen smokers may have unwanted effects (Loukas and others, 2006), but taxes can deter the onset of tobacco use (Hopkins and others, 2001).
Facilitation	Providing tools, resources, or environmental changes that make new behaviours easier to perform	Distribution of condoms at no cost (McAlister and others, 2000) and business assistance to help women escape prostitution (Sherman and others, 2006)

Self-regulation	Controlling oneself through self-monitoring, goal setting, feedback, self-reward, self-instruction, and enlistment of social support	Computerized self-management training for asthma patients (Lorig and others, 2001) and telephone counselling for smoking cessation (Rabius and others, 2004)
Moral disengagement	Ways of thinking about harmful behaviours and the people who are harmed that make infliction of suffering acceptable by disengaging self-regulatory moral standards	Dehumanization and diffusion of responsibility influence aggression and corporate transgressions that harm public health (Bandura and others, 1996, 2000)

Source: Glanz, Rimer and Viswanath, 2008, pg. 175

APPENDIX T: Template Analysis Tables on how VMMC is promoted in the community context

Template analysis for Action Research Cycle 1

Narrative from Transcript Evidence from Focus group discussions and Interviews	First Level Coding Means of Interacting with VMMC promotion	Second Level Coding	Third Level coding	Espoused and Perceived aligned ?
<p><i>Consumer 17 from Seke said that we heard it from this community. Village health workers were walking with people who were teaching about male circumcision in the shopping centres and public meetings”.</i></p> <p><i>Consumer 16 from Seke said that “I heard it here at ward centre by others who came. I do not still remember who they are. They came and taught us about circumcision” Consumer 16 further said that “I could not say whether they were from the ministry of health, but they came to this ward and taught us”</i></p> <p><i>Consumer 4 from Kamfinsa said that, “I heard them and them were a group travelling in a kombi branded get circumcised as a team wearing uniforms, it</i></p>	<p>Information provided in public places like shopping centres by community village health workers among others</p> <p>Branded Vehicles and uniforms</p> <p>Requesting us to reveal circumcision status</p> <p>People we don't know</p>	<p>Campaigns in public places</p> <p>Branding</p>	<p>Espoused</p> <p>Espoused</p>	<p>Yes</p> <p>Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews	First Level Coding Means of Interacting with VMMC promotion	Second Level Coding	Third Level coding	Espoused and Perceived aligned ?
<p><i>was orange or something like that and they arrived at shops where we were seated and started talking about their issue, asking us if we are circumcised and how many of us want to get circumcised so that they take our details and assist us throughout the whole process. We saw them walking especially us who spent more time in public places.”</i></p>	<p>Helping in the process</p> <p>Campaigners unknown</p>			
<p><i>Participant 38 said that VMMC is being promoted over the radios, televisions, newspapers and even on online platforms such as YouTube, WhatsApp, Instagram, and Twitter.</i></p> <p><i>Participant 4 from Kamfinsa who was uncircumcised indicated that he heard about VMMC through his car radio and television at home.</i></p> <p><i>Parent 4 from Seke stated that “We heard about Voluntary Male Circumcision first via the Radio programs and media”.</i></p>	<p>Champions</p> <p>Radios</p> <p>Television</p> <p>Newspapers</p> <p>You Tube</p> <p>Whatsap</p> <p>Instagram</p> <p>Twitter</p> <p>Car Radio</p> <p>Celebrity Songs</p>	<p>Mass Media and created</p>	<p>Espoused</p>	<p>Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews	First Level Coding Means of Interacting with VMMC promotion	Second Level Coding	Third Level coding	Espoused and Perceived aligned ?
<p><i>Participant 13 from Seke indicated that “The information about VMMC is transferred via the radio and the Television.</i></p> <p><i>Parent 7 from Seke said that I first heard of it through radio and song from Jah prayzah that says "mai mwana ndagara mushe ndakachecheudzwa chii, chii" (my wife, my life is now good, I am now circumcised, etc)”.</i></p>				
<p>Consumer 11 from Kamfinsa said that <i>“They had vehicles and tents that they pitched, and the tents and the cars were written UNDP, PSI”.</i></p> <p>Consumer 2 from Kamfinsa said that <i>“I don’t know where they come from, but I just saw them with a kombi that</i></p>	<p>and UNDP</p> <p>We do not know them</p> <p>T shirts</p> <p>PSI logos</p> <p>UNDP logos</p>	<p>Non-Governmental organisations</p>	<p>Espoused</p>	<p>Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews	First Level Coding Means of Interacting with VMMC promotion	Second Level Coding	Third Level coding	Espoused and Perceived aligned ?
<p><i>was written together with the shirts they were wearing and were talking about the same procedure. The shirts had PSI and UNDP logos”</i></p> <p>Parent 3 from Seke was specific and he indicated that <i>“To be specific, in Ward 7 we have been made aware of VMMC through PSI workshops and mostly Seke Home Based Care representative Mr Makahamadze did a splendid job in training men in this locality. We are very much happy with their perseverance up until the point we will all eventually get circumcised.”</i></p>	<p>PSO workshops</p> <p>Seke</p> <p>Homebased care representatives</p> <p>Training</p> <p>Workshops</p> <p>VMMC accepted</p>			

Narrative from Transcript Evidence from Focus group discussions and Interviews	First Level Coding Means of Interacting with VMMC promotion	Second Level Coding	Third Level coding	Espoused and Perceived aligned ?
<p>Consumer 10 from Kamfinsa said that <i>“I heard it at Spill house in the city centre, I got circumcised there, I went with my wife, it is voluntary, and it is free and there is no pain”</i></p> <p>Majority of the participants further indicated that they were willing to get circumcised at any medical institution</p>	<p>We have accepted VMMC</p> <p>Accepted</p> <p>Got circumcised</p> <p>Free</p> <p>No pain</p> <p>Voluntary</p>		Espoused	Yes
<p><i>I think a human being takes two stages on something, for someone who is passing the information they take two stages to hear and understand in the presence of that thing. When they have reached the level of understanding</i></p>	<p>From Friends</p> <p>Peers</p> <p>Interpretations</p>	Local Discussion	Emergent	No

Narrative from Transcript Evidence from Focus group discussions and Interviews	First Level Coding Means of Interacting with VMMC promotion	Second Level Coding	Third Level coding	Espoused and Perceived aligned ?
<p><i>he comes and passes the information to someone who was enclosed [gestures indicating] someone who was enclosed or did not get the information” (Parent 1 from SEKE).</i></p>				

APPENDIX U: Template Analysis - Emerging Local Beliefs and Systems/Practices

<p>Narrative from Transcript</p> <p>Evidence from Focus group discussions and Interviews on Outcomes</p>	<p>First Level Coding</p> <p>Emergence</p>	<p>Second Level Coding</p> <p>Type of Emergence</p> <p>Practice/Systemic or a Belief</p>	<p>Third level coding</p> <p>Sustainable Practice or Not</p>
<p>Parent 15 from Seke said that; <i>“I think it's good to be circumcised because you will always be smart and clean because the foreskin keeps dirt, so the purpose is to eradicate virus and moisture, so our group is a smart team.”</i></p> <p>Consumer 17 from Seke said that <i>“I also heard that during male circumcision when a penis is not circumcised, there is dirty that is kept and the accumulation of this dirty may affect him and we use to make others circumcise.”</i></p> <p>Parent 1 from Seke said that <i>“I think of smartness and hygiene and I want to</i></p>	<p>Smart groups</p> <p>Penile hygiene</p> <p>Penile hygiene</p> <p>Local VMMC promotion</p> <p>Smart groups</p> <p>Penile hygiene</p> <p>Local VMMC promotion</p>	<p>Systemic</p> <p>Belief</p> <p>Belief</p> <p>Systemic</p> <p>Systemic/Practice</p> <p>Belief</p> <p>Systemic/practice</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p><i>be among the smart circumcised group in the village”</i></p> <p>Consumer 16 from Seke said that “When I got this information here at ward centre, we then mobilized other boys in this area.</p> <p>Consumer 16 “the mobilization is through approaching individuals as a team, discussing with the individual the possibility of circumcising and answering the questions of individuals”.</p> <p>Consumer 16 “We just told them that being smart is good and that the other disadvantages being cited</p>	<p>Local VMMC promotion</p> <p>Local VMMC promotion</p> <p>Local Counter misinformation</p>	<p>Belief</p> <p>Systemic</p> <p>Systemic</p>	<p></p> <p>Yes</p> <p>Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<i>are lies to prevent you get your 70%. You will be living kalife kemaboss”.</i>			
<p>Parent 15 from Seke stated that, “<i>I heard that having sexual intercourse with a circumcised man in comparison to an uncircumcised man is different and I have heard that it seems that women prefer the circumcised men (chuckles)</i>”</p> <p>Consumer 11 from Kamfinsa said that “<i>After circumcision, there are a benefit is even when having sex with your wife, after</i></p>	<p>Sexual performance and enjoyment</p> <p>Sexual attractiveness</p> <p>Happiness</p> <p>Partner satisfaction</p> <p>Sexual performance</p> <p>No negative sexual effects</p>	<p>Beliefs</p> <p>Beliefs</p> <p>Beliefs</p> <p>Beliefs</p> <p>Belief</p>	

<p>Narrative from Transcript</p> <p>Evidence from Focus group discussions and Interviews on Outcomes</p>	<p>First Level Coding</p> <p>Emergence</p>	<p>Second Level Coding</p> <p>Type of Emergence Practice/Systemic or a Belief</p>	<p>Third level coding</p> <p>Sustainable Practice or Not</p>
<p><i>circumcision, you perform very well"</i></p> <p><i>Participant 9 from Seke said, "I heard that circumcision has no effect on sexual performance, you can still enjoy sexual activities after healing of the wound."</i></p>			
<p>Parent 13 from Seke who said that, "<i>Another thing for them to fear getting circumcised is on the issue that they know you have to get tested, blood will be drawn and will be told of HIV status"</i></p>	<p>Fear of HIV testing</p> <p>Fear of injection</p> <p>Fear blood drawing</p> <p>Fear of HIV Status knowledge</p>	<p>Belief</p> <p>Belief</p> <p>Belief</p> <p>Belief</p>	

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>Parent 13 further said that <i>“So they don’t want to go and get tested they will wait till they get sick, Me when it gets to this point that is when I will then go to the clinic.</i></p> <p>Parent 15 from Seke said that <i>“On that issue, I won’t deny I agree but let’s come out In that room, there is a nurse holding a syringe that one a syringe for sure. We should answer true or false you will hear some saying I want to go the toilet and get away; men it has been like that we fear an injection”.</i></p>	Fear of injections	Belief	
Parent 13 from Seke who said that <i>You now have money with our foreskins</i>	Foreskins used for sausages	Belief	

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p><i>where are you placing them”.</i></p> <p>Parent 15 from Seke said, <i>“Another thing that is there that makes men and boys be afraid is that the foreskin that is cut, where is it going.</i></p> <p><i>Participant 12 also added that ‘they say you don’t work for free you are making money”.</i></p> <p>Parent 13 <i>“Nowadays there are Satanists maybe it is going to be eaten maybe they want to go and make minced meat and the like. So those are some of the things I fear that if the</i></p>	<p>Making money from VMMC</p> <p>Selling of Foreskins</p> <p>Foreskin selling</p> <p>VMMC for money</p> <p>Promoting VMMC for money</p> <p>VMMC and Satanism</p> <p>Minced from Foreskin</p>	<p>Belief</p> <p>Belief</p> <p>Belief</p> <p>Belief</p>	

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<i>foreskin is placed, a part of me is removed and cooked whilst I am still alive”.</i>			
<p>Participant 13 who said that “<i>Each and every one it doesn’t matter men or women they think circumcision is the get pass or way to promiscuity</i>”.</p> <p>Parent 4 from Seke who said that women should encourage men by <i>What we therefore need is a third person to convince our wives to permit us to go through VMMC, I suggest the next time that we have pieces of training you should bring a mobile clinic and I will be sweet-talking</i></p>	<p>Unfaithfulness</p> <p>Women discouraging</p> <p>Women approval</p> <p>Mobile clinics desired</p> <p>Unfaithfulness</p>	<p>Belief</p> <p>Beliefs</p>	

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p><i>my wife convincing her such that after the training I will get circumcised (laughs). Women are slow thinkers.”</i></p> <p><i>Parent 3 from Seke said that “They have explained but I can now see as if they are opening the opportunity that if a person has been circumcised, he can move around doing it everywhere”.</i></p> <p><i>Consumer 4 from Kamfinsa said that “I once thought these people when they talked about getting circumcised, I thought it’s a password for prostitution”.</i></p>	<p>Unfaithfulness/prostitution</p> <p>Fear of Pain</p> <p>Fear of pain</p> <p>Attractiveness to women</p>		

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p><i>Parent 7 “So why not go and get circumcised and show me all your stubbornness on circumcision, these men they fear [laughing] there is no stubbornness in circumcision”.</i></p> <p><i>Parent 7 from Seke further said that men are just afraid of VMMC.</i></p> <p><i>Consumer 16 from Seke said, I then started to panic if I fail to find girls of which my penis is removed for nothing so haa it just came out of me, but it later came back.”</i></p>			

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>Consumer 9 from Kamfinsa said that <i>"Yes, I can encourage others but as of me I am afraid because of my age, circumcision is ideal for young boys because I witnessed my friend in pain for the whole month"</i></p> <p>Consumer 9 <i>"I cannot queue with young one in the same bench to get circumcised. They will laugh at me and I will not be happy"</i>.</p> <p>Consumer 16 from Seke said that <i>I think if they can use to young ones like us not only to the elderly"</i>.</p> <p>-</p>	<p>Stigma</p> <p>Fear of pain</p> <p>Time to healing</p> <p>Stigma</p> <p>Stigma</p>		

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>Consumer 16 from Seke said that <i>"It's a request. I think the ring is not painful."</i></p> <p>Consumer 2 from Kamfinsa said that; <i>"Eeh the whole process of chopping (demonstrates with his hand with a symbol of scissors) just seems painful, that's what comes to my mind"</i>.</p> <p>Consumer 4 further said that <i>"Ok what affected me are those who were circumcised and were in pain and the situation that you can see on the person who has just been circumcised, you just start to feel unhappy..."</i></p>	<p>Pain</p> <p>Pain</p> <p>Pain</p> <p>Pain</p> <p>Demonstrate</p>	<p>Beliefs</p> <p>Systemic/Practice</p>	<p>No</p>

<p>Narrative from Transcript</p> <p>Evidence from Focus group discussions and Interviews on Outcomes</p>	<p>First Level Coding</p> <p>Emergence</p>	<p>Second Level Coding</p> <p>Type of Emergence Practice/Systemic or a Belief</p>	<p>Third level coding</p> <p>Sustainable Practice or Not</p>
<p>Parent 4 from Seke said, <i>“I think of the pain the very moment I hear about VMMC and the fear I have of going through the process of being circumcised.”</i></p> <p>Consumer 1 from Kamfinsa added to the argument by saying that, <i>“It’s true that it is painful, I saw it at the house that I rent where there was a child who got circumcised and the child was in trouble to the extent that he regretted”.</i></p>	<p>Pain</p> <p>Adverse effect</p>	<p>Belief</p> <p>Belief</p>	
<p>Consumer 11 from Kamfinsa said that; “what happens when one hears</p>	<p>Demonstrate</p>	<p>System</p>	<p>No</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>about circumcision, is that he starts thinking about pain.</p> <p>Consumer 11 “They bath together in the river and also swim there, in the act of swimming that’s when they see one another that aagh you are still behind let’s go and this and that be done and things are okay”.</p> <p>Parent 2 said that “I would like to concur with the chief there on Mr Makahamanzi that he tried very well in clearly explaining that yes there is a pain in circumcision, and it can’t be absent.</p>	<p>Stigma</p> <p>Peer to Peer</p> <p>Leadership</p> <p>Pain</p> <p>No scar</p> <p>Pain</p>	<p>Beliefs</p> <p>System</p> <p>Systemic</p> <p>Beliefs</p> <p>Beliefs</p> <p>Belief</p>	<p>Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>Consumer 7 from Kamfinsa additionally indicated that, But there will be no visible wound on the surgical method, but only stitches.”</p> <p>Consumer 13 from Kamfinsa indicated that “Inflicting pain on me. That’s the issue, so I think I need to learn more about it then yeah.”</p> <p>Consumer 4 from Kamfinsa said that; “No, I can’t encourage someone, what I want first is me to get ready to go to VMMC so that after then I can encourage someone according to the pain that I am going to face”</p>	<p>Pain</p> <p>Pain</p> <p>Healing time</p> <p>Pain</p> <p>Desire for sex</p> <p>Pain</p> <p>Healing time</p>	<p>Belief</p> <p>Belief</p> <p>Systemic/Belief</p> <p>Belief</p> <p>Belief</p> <p>Belief</p> <p>Belief</p>	<p></p> <p>No/Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>Consumer 10 from Kamfinsa indicated that “Some say it’s not that painful during that period and the following day the pain will be more severe. Same during the process you will not feel the pain, but the following day it will be very painful.”</p> <p>Consumer 17 said, “I want to tell you a story about someone who did something bad for himself. After he got circumcised before the stitches drop off. He then started doing (gwinyamutsipa) masturbation”</p> <p>Consumer 4 from Kamfinsa said that “Right the</p>			

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>information affected me in that way because I witnessed a person from the same house and it gave me negative energy thinking that if I go and get circumcised that's what I will experience, always opening my zip."</p>			
<p>Parent 13 from Seke said that" <i>I would like to point out a reference from the Bible Luke 2-21-23 whereby Jesus himself also went through the same process after 8 days, I think if we are his true followers we should set him as our standard and follow him as the point of reference. Circumcision is an ideal thing to undergo</i>".</p>	<p>Religion Religious programs</p>	<p>System Systemic</p>	<p>Yes Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>Parent 3 from Seke said that, <i>“Personally when I received information from Mr Makahamadze I felt that he is a stable and healthy man and he has managed to suppress the spread of HIV and it has encouraged me to” hurry while stocks last” it’s only a matter of selecting the date that I will go through VMMC but I have been inspired.”</i></p> <p>Parent 4 from Seke said that <i>“The moment we got that information when it was conveyed to us, the feeling felt, is that the people who came to us, they really care about us.</i></p>	<p>Looking Healthy</p> <p>Stability</p> <p>Feeling of No HIV</p> <p>Looking for date</p> <p>Local inspirations</p> <p>Feeling of care</p> <p>Link other women services</p> <p>Negativity to women promoting</p>	<p>Beliefs</p> <p>Systemic</p> <p>Systemic</p> <p>Systemic</p>	<p>Yes</p>

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<p>Parent 9 from Seke said that <i>“Father, you can ask them when you go to register your pregnancy we go together, so why are refusing me to get circumcised”</i>.</p> <p>Consumer 16 from Seke said that <i>“There are some women who came to school at first and assembled us and said, “all boys are needed”</i></p> <p>Consumer 16 from Seke said the following term, <i>male mobilisers came Aaah these men were talking things which were fascinating the crowd since</i></p>	<p>Preference of men mobilisers</p>		

Narrative from Transcript Evidence from Focus group discussions and Interviews on Outcomes	First Level Coding Emergence	Second Level Coding Type of Emergence Practice/Systemic or a Belief	Third level coding Sustainable Practice or Not
<i>as men we are not ashamed of each other”.</i>			
<p>Consumer 8 <i>“I was elated seeing others celebrate after completing 6 weeks after circumcision”.</i></p> <p>Consumer 16 <i>“I see women happy with those preparing to go for circumcision”.</i></p> <p>Consumer 17 <i>“Parties make us want to go for circumcision”.</i></p>	<p>Celebrations</p> <p>Collective preparation</p> <p>celebrations</p>	<p>System</p> <p>Systemic</p> <p>Systemic</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>

APPENDIX V: Emergence, Cynefin framework and other conceptual constructs

<p>Key themes identified on promotion (Meanings, actions or systems emerging)</p>	<p>Motivator or Facilitator or a Barrier</p>	<p>The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder</p>	<p>Selected as a possible sustainability Imperative? Reason for selection</p>	<p>The available literature on the Emergence perspective about the theme</p>
<p>VMMC has been promoted through songs and celebrities like Japressa in Zimbabwe- songs and celebrities singing about VMMC and communities composing own songs in follow up for celebrations</p>	<p>Facilitator to be part of the singers and celebrators preparing for circumcision while motivator to sing about or be part of a song coined for celebrations. It can also be a barrier with Christian</p>	<p>3=Complex Unpredictable and nonlinear. Mixed views about the impact of the song due to the type of song formed and interpretations. Some believe that the Japressa song is not appropriate since others</p>	<p>Yes Attractive at times in the community and community propagate songs without any external costs and has become part of celebrations in the communities. Tactfully infusing desired messages can</p>	<p>No literature on the use of songs to promote VMMC but jingles have been utilized for promotions and information sharing. No literature noting that songs emerge as an automatic means of propagating messages in communities.</p>

<p>Key themes identified on promotion (Meanings, actions or systems emerging)</p>	<p>Motivator or Facilitator or a Barrier</p>	<p>The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5=Disorder</p>	<p>Selected as a possible sustainability Imperative? Reason for selection</p>	<p>The available literature on the Emergence perspective about the theme</p>
	<p>faith who do not like music associated with musicians, not from their faith.</p>	<p>don't like him while others like him as well gossips that he promotes circumcision yet is not circumcised. It was not possible to predict this outcome. They can be categorized as motivator and barrier at the same time.</p>	<p>cause self-propagation within the communities through the songs.</p>	

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
<p>VMMC promoters are from NGOs, UN and not members of the community or known to the community- Promotion is by outsiders implying local promoters desired.</p>	<p>Barrier, Facilitator or Motivator.</p> <p>The barrier as it makes VMMC a business, not of the community. Sometimes it is a facilitator as locals like people from other places. Motivator as means</p>	<p>3 = Complex</p> <p>Was an unpredictable outcome</p> <p>Mobilisers known or unknown to consumers elicit different outcomes. They showed that they could be barriers, Facilitators and motivation at the same time. No literature has</p>	<p>Yes</p> <p>The tendency of volunteering. Self-selection by promoters, Similar characteristics to consumers or their partners. The TWG recommended that the current promoters be beefed up by locals that have interests in promoting VMMC in</p>	<p>The literature on efficacy and modelling has shown that confidence is built when the process is copied from persons of similar characteristics (Ackerson and Viswanath, 2009; Bandura, 1997; Brody and Stoneman, 1981).</p>

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or a Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
	of creating external friendships and trusting unknown people.	analyzed how the promoters of VMMC should be selected. Issues of females promoting, and non-circumcised promoting were raised by TWG and community members.	the community as well as facilitate pre and post celebration for all that complete VMMC process.	
Agreement among participants that awareness about VMMC procedure as well as its health and other benefits is present in the community, but low uptake is prevalent in the community. Awareness high but uptake is low.	Awareness creates many outcomes that include motivations, facilitation	3=Complex Awareness is of mixed value-generating different reactions	No Awareness only was agreed does not create sustainability but is	Efforts to increasing uptake have not paid off, uptake in 14 UNAIDS priority countries is still low despite high levels of

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
	n and generating barriers. The team noted that awareness sometimes translates directly to uptake but not in this case.	and development of meanings in the community. Create barriers and motivations at times.	necessarily but not enough.	awareness (Rennie et al., 2015; Gray, Wawer and Kigozi, 2013)
Being smart and clean has been associated to VMMC uptake in the community Being Smart and Clean groups emergence mobilizing peers to circumcise.	Motivator and Facilitator	3= Complex Being smart is a belief with no organic evidence. Other ways exist	Yes Formation of local smart clubs and cliques has the potential of	Perception of cleanliness (Plotkin et al., 2013; Hatzold et al, 2014). HIV/STI prevention (44%),

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or a Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
		<p>of being smart, clean and preventing STI's. Use of condom for example including personal hygiene</p> <p>The groups that have formed are informal and self-emerged a characteristic of complex systems</p>	<p>creating a trend that can promote VMMC automatically and especially meeting the criteria of small change causing a big change.</p>	<p>improved hygiene (26%), enhanced sexual performance (6%) and cervical cancer prevention for a partner (6%) (Hatzold et al, 2014)</p>
VMMC is said to be associated with reduced contracting of diseases such as gonorrhoea, HIV/AIDS, and genital ulcers-	Motivator	2= Complicated	No	Beneficial for HIV prevention, MMC

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
Reduced contracting of diseases		There are treatment guidelines that can be followed as well as counselling required. Certain things require experts. Not emergent as it a well-understood phenomenon.	Other options exist to avoid STI's	reduces the incidence of herpes simplex virus type 2 (HSV-2) and human papillomavirus (Rennie et al., 2015; Gray, Wawer and Kigozi, 2013)
VMMC is said to be associated with reduced chances of smelling and genital ulcers by the sexual partners of circumcised men- Reduced smelling and genital ulcers by partners	Motivator	2=Complicated	Yes Smart clubs can propagate.	In female partners, circumcision was found to reduce trichomonas,

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
		Agreement reached in the context. It is also not emergent. It was intended hence linear assumption in assumption in play.	Already evidence in the community that being smart is attracting attention.	bacterial vaginosis, HPV and genital ulceration (Gray, Wawer and Kigozi, 2013)
There are perceptions in the community that VMMC enhance sexual performance and enjoyment- Enhanced sexual performance.	Motivator	3=Complex Many perspectives and options are available. Not knowing which is the best.	Yes Smart teams' attractiveness	Enhanced attractiveness to women (Plotkin et al., 2013). Value expectation (Ackerson and Viswanath, 2009) HIV/STI prevention

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or a Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
				(44%), improved hygiene (26%), enhanced sexual performance (6%) and cervical cancer prevention for partner (6%) (Hatzold et al, 2014)
There are perceptions that women are attracted to Circumcised men- enhanced attractiveness to women	Motivator and barrier within the same context	3= Complex Many perspectives and options are available. Not knowing which is the best.	Yes Smart teams' attractiveness	Enhanced attractiveness to women (Plotkin et al., 2013). Beliefs mediated by context values, culture and the history of implementation (Rennie et al., 2015)

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
		Others consider attractiveness as not helping uptake as women do not want their men to be attractive to other women while on the other hand others don't mind and men want to be attractive.		
There are perceptions that VMMC reduces the sex urge or drive in men- Reduced sex urge and VMMC	Barrier	1= Complex as it emerged and not everyone believed.		Reduced potency (Gray, Wawer and Kigozi, 2013)
VMMC circumcision process is said to include HIV testing and many think that the	Barrier	4=Chaos	No	Fear of HIV testing, reluctance to

<p>Key themes identified on promotion (Meanings, actions or systems emerging)</p>	<p>Motivator or Facilitator or a Barrier</p>	<p>The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder</p>	<p>Selected as a possible sustainability Imperative? Reason for selection</p>	<p>The available literature on the Emergence perspective about the theme</p>
<p>confidentiality about test results is not enough and thus inhibits uptake. Also, many are not ready for testing in line with usual low uptake of services by men – Perception of confidentiality with HIV Testing in VMMC context</p>		<p>Use of best practice in the wrong context. Avenue of explaining testing for HIV can be explored and innovation generated but made to be part of VMMC. The imagination that uptake of VMMC is not affected when testing is coupled with VMMC.</p>	<p>Fear of testing remains a factor that inhibits the desire to go to clinics for VMMC hence uptake. It had been assumed that the inclusion of VMMC is not related to uptake, please state why not</p>	<p>abstain from sex and myths and misconceptions, Males are also under-represented in HIV testing, treatment and care programmes (Hatzold et al., 2014; Plotkin et al., 2013; Gray, Wawer and Kigozi, 2013; Gray, Wawer and Kigozi, 2013).</p>

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or a Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
VMMC promoters are regarded as working to earn money hence what they say in the community is not trusted- Promotion is for money, not VMMC.	Barrier	3=Complex Nonlinear and was unpredictable. The perspective developed based on values and insincerity.	No Not sustainable because it needs exogenous resources (money) to promote VMMC.	No literature in the case of VMMC
Some promoters are women and the community doubt if they really know what circumcision is all about. Promotion of VMMC by women not appealing	Barrier	4= Chaos Believe that it is easy to address through making women talk to women partners	Yes Men can easily get into the smart teams	No literature

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or a Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
		and relatives of consumers. Application of the wrong strategy in the context.		
City folks associate VMMC to rural practices and are surprised that city dwellers are now being encouraged to circumcise too- City Dwellers consider VMMC to be a rural practice.	Barrier	3=Complex A belief developed based on attitude; Believers are informal and an emergent phenomenon	Yes Smart city folk's creation	No literature
Community members perceive great pain when undergoing VMMC, mistakes during the surgical procedure or during healing – Perception of Pain,	Barrier and Motivator	3= Complex	Yes Through smart	40 % fear of pain, quality of service provision, fear of pain,

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
Adverse events and Possible mistakes during VMMC		<p>Arising from hearsays and observations by those not circumcised. Motivator as a show of masculinity if circumcised.</p> <p>There are ways to address that are non-linear like masculinity among the smart teams.</p> <p>and others</p>	<p>teams and masculinity beliefs.</p> <p>others indicate that men should persevere during circumcision and not exhibit pain-</p> <p>Masculinity and VMMC</p>	<p>adverse events in most circumcisions range from 0.5 % to 3 % varying by method (Plotkin et al.,2013; Hatzold et al, 2014; Gray, Wawer and Kigozi, 2013)</p> <p>Dorsal slit, sleeve procedure and the forceps guided procedures with forceps guided being simplest and less time consuming less than 19 mins, there is also Shang</p>

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or a Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
		think that VMMC is not painful especially since it is done in health facilities- VMMC not painful Loss of Income		string from China acceptable to 67 % of consumers (Gray, Wawer and Kigozi, 2013) MC shrouded with mystery and men affair (Rennie et al., 2015; loss of income (Plotkin et al.,2013)
Many adults are wishing away VMMC as a children intervention because of fear of pain and circumcision of children and adults including the lost time to work. Adults do not want to line up with children for circumcision- Practice of mixing boys and adults in the bench.	Barrier	3= Complex Nonlinear and unpredictable because they are formed	No The theme does not promote uptake and require external	Thinking too old for VMMC (Plotkin et al.,2013), or after marriage no need of VMMC and children (Plotkin et

<p>Key themes identified on promotion (Meanings, actions or systems emerging)</p>	<p>Motivat or or Facilitat or or a Barrier</p>	<p>The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complica ted, 3= Complex, 4= Chaos, 5=Disord er</p>	<p>Selected as a possible sustaina bility Imperativ e? Reason for selection</p>	<p>The available literature on the Emergence perspective about the theme</p>
		<p>because of many reasons and not one reason that includes pain, loss of income and mixing with children.</p>	<p>effort to implemen t. please state why not</p>	<p>al.,2013 Circumcising older men is culturally inappropriate , Overreprese ntation of young people in VMMC, decline in proportion of older people circumcising, Clearly there is need for programmes to target older and higher-risk men, although strategies to accomplish this have not yet been developed and tested. Lost time to work (Rennie</p>

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
				et al., 2015; Gray, Wawer and Kigozi, 2013),
The current promotion has not utilized peers and leaders as well as social networks such as religions and village committees hence it is not the best for the community. There is a recommendation that peers and leaders be engaged in promoting VMMC in the communities. Success has been realized where communities are responsible for setting targets, receiving facilitation support for transport and check-ups- Peers, social network and various leaderships inadequately engaged to promote VMMC.	Motivator	3= Complex It was unpredictable because there are many relations in the community. Religions, education levels, marital status and the mere fact that information was not important but who is passing	Yes Inclusion in the peer's calendar of events like in the case of taxi drivers. There are a group of circumcisers in the community who collect people and take them for circumcision. They	Cultural or religion practices play role in VMMC uptake by norming in the groups (Rennie et al., 2015), Calendar of circumcision based on landscape practices (Rennie et al., 2015), inclusion of ceremonial element (Rennie et al., 2015), create circumcision as a passage

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
		<p>the information.</p> <p>The groups that are effective are informal and self-formed after interaction with service and promotion.</p>	<p>are called 'Jonyang e' in the community- Group of circumcisers in the community that are respectful and convincing and they self emerged and are seen not to work for pay.</p>	<p>to benefits (Rennie, et al.,2015), identification of individuals who have special role or known to transform certain things in the community or village to champion VMMC (Rennie at al., 2015), enjoyable part of circumcision is the party after before and after circumcision (Rennie et al., 2015 Branding VMMC as painless and safe rather</p>

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivator or Facilitator or Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complicated, 3= Complex, 4= Chaos, 5= Disorder	Selected as a possible sustainability Imperative? Reason for selection	The available literature on the Emergence perspective about the theme
				than Voluntary Medical male Circumcision.
There are suggestions that VMMC should be made compulsory. Can VMMC be made compulsory	Motivator and Barrier	4=Chaos Might be an application of the wrong strategy to a wrong context. Possibilities of litigations	Yes If implemented there will be no options but getting circumcised and violates the rights of people	No literature
Circumcision promotes promiscuity both by consumer and women during the healing period- Circumcision door to promiscuity	Motivator and Barrier	3 = Complex It is not a game of experts or best practice. Various perspectives and options	No Do not encourage uptake of services reliably. please state why not	Partner refusal (Hatzold et al., 2014); not believing that they were at risk of HIV (18%), lack of partner support (6%)

Key themes identified on promotion (Meanings, actions or systems emerging)	Motivat or or Facilitat or or a Barrier	The agreed sector in the Cynefin Framework and reasons 1= Simple, 2= Complica ted, 3= Complex, 4= Chaos, 5=Disord er	Selected as a possible sustaina bility Imperativ e? Reason for selection	The available literature on the Emergence perspective about the theme
		available to address and it is an emergent that was not predicted.		(Hatzold et al, 2014)

APPENDIX W: List of focus group discussants with identifiers removed.

Location	Sex	Age	Religion	Ethnic Group	Marital Status	Have children	No. of Boys	No of girls	VMMC Status*	VMMC status of Children	Highest Education
Seke Rural	Male	58	ZAOGA	Zezuru	Married	Yes	4	4	Uncircumcised	None	Form 2
Seke Rural	Male	58	Apostolic	Zezuru	Married	Yes	3	0	Uncircumcised	None	Form 4
Seke Rural	Male	48	Methodist	Zezuru	Married	Yes	2	2	Uncircumcised	None	Form 4
Seke Rural	Male	37	Catholic	Zezuru	Married	Yes	2	1	Uncircumcised	None	Form 4
Seke Rural	Male	40	Apostolic	Zezuru	Married	Yes	3	0	Uncircumcised	None	Form 4
Seke Rural	Male	38	Methodist	Zezuru	Married	Yes	0	1	Uncircumcised	No Boys	Form 4
Seke Rural	Female	29	Methodist	Zezuru	Married	Yes	2	1	Uncircumcised	None	Form 4
Seke Rural	Male	61	Catholic	Zezuru	Married	Yes	6	1	Uncircumcised	Don't Know	None
Seke Rural	Female	45	Methodist	Karanga	Married	Yes	1	1	Uncircumcised	None	Form 4
Seke Rural	Male	58	Methodist	Zezuru	Married	Yes	2	2	Uncircumcised	None	Form 4
Seke Rural	Female	40	Apostolic	Zezuru	Single	Yes	1	1	No Husband	Don't Know	Grade 7
Seke Rural	Female	71	Methodist	Zezuru	Widow	Yes	1	1	No Husband	None	Grade 6

Seke Rural	Female	53	Methodist	Zezuru	Married	Yes	4	2	Uncircumcised	All	Form 4
Seke Rural	Male	48	Methodist	Zezuru	Married	Yes	5	2	Uncircumcised	None	Form 2
Seke Rural	Male	59	Catholic	Zezuru	Married	Yes	1	4	Uncircumcised	All	Form 2
Seke Rural	Male	18	Christianity	Shona	Single	No	0	0	Circumcised	No Child	Form 4
Seke Rural	Male	18	Christianity	Shona	Single	No	0	0	Uncircumcised	No Child	Form 4
Seke Rural	Male	20	Christianity	Ndebele	Single	No	0	0	Circumcised	No Child	Form 4
Seke Rural	Male	19	Christianity	Shona	Single	No	0	0	Uncircumcised	No Child	Form 2
Seke Rural	Male	18	Christianity	Shona	Single	No	0	0	Uncircumcised	No Child	Grade 7
Seke Rural	Male	22	Christianity	Shona	Single	No	0	0	Circumcised	No Child	Degree
Seke Rural	Male	19	Christianity	Shona	Single	No	0	0	Uncircumcised	No Child	Form 4
Kamfinza	Male	26	Christianity	Shona	Single	No	0	0	Uncircumcised	No Child	Form 4
Kamfinza	Male	35	Christianity	Shona	Single	No	0	0	Circumcised	No Child	Diploma
Kamfinza	Male	31	Christianity	Shona	Married	Yes	2	1	Circumcised	Some	Form 4
Kamfinza	Male	22	Christianity	Zezuru	Single	No	0	0	Uncircumcised	No Child	Form 4

Kamfinza	Male	30	Christianity	Ndau	Single	Yes	1	0	Uncircumcised	None	Form 4
Kamfinza	Male	32	Christianity	Manyika	Single	No	0	0	Uncircumcised	No Child	Diploma
Kamfinza	Male	38	Christianity	Zezuru	Single	Yes	1	1	Uncircumcised	None	Degree
Kamfinza	Male	24	Christianity	Shona	Married	No	1	0	Uncircumcised	None	Form 4
Kamfinza	Male	32	Christianity	Zezuru	Single	Yes	1	1	Uncircumcised	None	Form 4
Kamfinza	Male	31	Christianity	Zezuru	Single	No	0	0	Uncircumcised	No Child	A Level
Kamfinza	Male	38	Christianity	Manyika	Married	No	0	0	Circumcised	No Child	0
Kamfinza	Male										

APPENDIX X: Characteristics of focus group and interviews respondents.

Variable	age groups	number
Age Group	18-24	14
	25-29	5
	30-34	7
	35-39	5
	40-44	2
	45-49	1
	50-55	0
	56- above	0
Marital Status	marital status	number
	Never married	9
	Married	17
	living togther	6
	Divorced/separated	1
	Widowed	0
Religion	religion	number
	Traditional	0
	Roman Catholic	2
	Protestant	5
	Pentecostal	8
	Apostolic sect	14
	other christian	1
	Muslim	0
	None	2
	Oher	0
Circumcision status	Circumcision status	number
	Circumcised	6
	uncircumcised	
Location of respondents	Location	Number
	Seke Adults	16
	Seke boys	8
	Kamfinza drivers	12
Interviews	Informant	number
	National VMMC coordinator	1
	PSI Coordinator	1
	Community Support group leader	1
	Ministry of Health District Promotion	1
	Community promotion officer	1

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Prevention of HIV is a worthy cause. It improves the lives of everyone. Getting an opportunity to reduce even one infection is a worthy cause. It is postulated that every circumcision in South and Eastern countries prevent 4 HIV infections in a lifetime and when 300,000 circumcisions are done one cervical cancer and penile cancer is prevented. I enjoyed the opportunity to contribute to this benefit that never ends in one life but will be propagated until context change.

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