

**THE VIEWPOINTS OF ADOLESCENT MALES
IN KIMBERLEY REGARDING THE USE
OF CANNABIS**

by

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CHILD PSYCHIATRIC NURSING**

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School of Nursing

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DECLARATION

I, Nomonde Pearl Moabi, hereby declare that the mini-dissertation submitted by me for the Magister Societatis Scientiae in Child Psychiatric Nursing at the University of the Free State is my own independent work, and has not previously been submitted by me to another University or Faculty. All the sources I have used or quoted have been indicated and acknowledged by means of complete references. I further cede copyright of this thesis in favour of the University of the Free State.

.....
N.P. Moabi (1999347659)

DEDICATION

In loving memory of:

My Aunt, Hildah “Chiengie”, Landella and my friend; Thandi Barbara Lorato Masithela who passed on during the preparatory phase of this book.

Yvonne Graham, my friend, my colleague and study mate who passed on just before the data collection process of our studies.

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LANGUAGE EDITING DECLARATION

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CONCEPT CLARIFICATION AND OPERATIONAL DEFINITIONS

Adolescent is referred to as the transitional period between childhood and adulthood. It is a time of exploration and making choices whilst searching for new interests, social roles, identities and talents (Sadock & Sadock, 2007:36). For the purpose of this study, an adolescent is a person who is aged between fourteen and sixteen years.

Cannabis preparations are usually obtained from the Indian hemp plant, *Cannabis sativa*, an aromatic annual herb. The common names for cannabis are marijuana, ganja, dagga, grass, pot, weed, tea and Mary-Jane (Sadock & Sadock, 2007:417).

Cannabis use refers to using or doing something in a particular way, e.g. adolescent males smoking cannabis illegally (Macmillan English Dictionary, 2012:Online). Oxford Advanced Learners' Dictionary (2010:1627) describes cannabis use as using, drinking or smoking a particular substance, like cannabis in order to achieve something, e.g. the an adolescent male smokes cannabis in order to become "high".

Cannabis abuse refers to the use of cannabis in such a way that is not within accepted social or medical parameters (Sadock & Sadock, 2007:384).

Viewpoints is said to be a way of considering something, perhaps an attitude, or an opinion. It can also be said to be a point from which you can see or watch something (Macmillan English Dictionary, 2012:Online).

For the purpose of this study, viewpoints will be regarded as a way of describing your feelings, thoughts and opinions.

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CHAPTER 1

1.1 INTRODUCTION

Cannabis is the most common illegal substance used in South Africa, with particularly high use amongst the adolescents. Current self-reported cannabis use was 5% to 10% among adolescents, and 2% among adults, while higher among men than women; was also higher in urban areas like Gauteng and the Western Cape provinces than rural areas. (Peltzer & Ramlagan, 2007:127).

In the past, 80% of the South African National Council of Alcoholism's (SANCA) drug abuse patients in the Northern Cape were people that were older than forty years. At present, the patients have become younger; children as young as thirteen years are using cannabis (Lubelwana & Kirimi, 2007:12).

Cannabis use is closely associated with trauma and crime amongst the adolescents (Peltzer & Ramlagan, 2007:127). Usually smoked as a cigarette (joint) or in a pipe, cannabis is also smoked in blunts, which are cigars that has been emptied of tobacco and refilled with cannabis. The blunt retains the tobacco leaf used to wrap the cigar; this mode combines cannabis' active ingredients with nicotine and other harmful ingredients (Dryden-Edwards, 2010:1). Unfortunately, the illicit use of substances of any nature has no boundaries, and happens on all levels (Zimela, 2010:1).

The use of cannabis can cause brain damage, with physical effects like an accelerated ageing process and change in personality, which may lead to psychosis. Heavy cannabis use can contribute to depression, personality and anxiety disorders (Lubelwana & Kirimi, 2007:12).

According to Sadock & Sadock, (2007:419) the most common physical effects of using cannabis are red eyes and mild tachycardia. Orthostatic hypotension may occur if high cannabis dosages are taken. Heavy cannabis use is often a

risk factor for developing chronic respiratory disease and lung cancer. The practice of smoking cannabis containing cigarettes (zol) to its very end increases the intake of tar (Sadock & Sadock, 2007:419).

1.1.1 BACKGROUND TO THE STUDY

As a psychiatric nurse educator, I have seen adolescent males of the secondary school my son attended in Kimberley in the park, wearing their school uniform, smoking cannabis. The researcher approached the school principal about this problem. The principal was aware of this matter and had reported the problem to the Department of Education, Northern Cape without any result. Instead, some of the parents of the adolescents had organized the police to come and do regular checks at the school and in fact, some of the learners' were caught with drugs on the school premises during the police raids. This school was a predominantly white Model C boys' high school situated in the middle of town that now caters for learners of all races.

1.1.2 PROBLEM STATEMENT

Cannabis is the most common illegal primary drug for which adolescents seek treatment. According to Peltzer & Ramlagan, (2007:127), the treatment data provides a poor picture of cannabis use in the general population; it could be that statistics are not well kept in the health care facilities. Cannabis smoking is a problem in all provinces, and is a huge challenge facing the government. Adolescents are misinformed and are not aware of the health risks that are involved when using cannabis (Jenkins, 2009:1). Cannabis usage increases the risk of contracting HIV and AIDS due to risky sexual practices, as it affects the user's sense of appropriate judgement and also leads to disintegration of families (Lubelwana & Kirimi, 2007:11).

As these adolescents often become gangsters, former friends and the community do not feel safe walking in their areas, especially at night for fear of

being stabbed, raped or robbed of their possessions such as cell phones, watches and jewellery. Crime, housebreaking and violence becomes rampant among adolescents that are using cannabis (Jenkins, 2009:2). Factors that contribute to the adolescents' smoking cannabis include peer pressure, socialization, stress and poverty (Pama, 2008:2).

There are only two South African National Councils of Alcoholism (SANCA) centres available in the Northern Cape Province, situated in Uptington and Kimberley that also deal with the use of drugs and cannabis. There is no in-patient facility for the adolescents in the province and patients are either sent to the Gauteng province or the Free State province. Those parents that belong to a medical aid scheme can send their adolescents to be admitted for two weeks of detoxifying and counselling sessions at private psychiatric hospitals. These programmes are intensive and very expensive, however.

Considering the involved risks and the negative effects cannabis has on the mental health of adolescents, as well as the severe shortage of appropriate services, it is clear that there is a significant gap regarding the support of addicted adolescents and their families. However, it is a gap that the Child Psychiatric Nurse Specialist can fill, by enabling the adolescent males to share their viewpoints regarding the use of cannabis in their own environment. Understanding the viewpoints of the adolescent males on the use of cannabis in Kimberley may assist the Child Psychiatric Nurse Specialist to empower them through a possible preventive and promoting life skills program.

1.2 PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the viewpoints of adolescent males in Kimberley regarding the use of cannabis. The research question was what the viewpoints of adolescent males in Kimberly are regarding the use of cannabis?

1.3 RESEARCH PARADIGM

Brink, Van der Walt and Van Rensburg, (2013:24) describe a paradigm as a belief about the basic types of units in the world, how these units interact; and about the methodology to be used for building and testing ideas.

The research paradigm is a blueprint that will guide the researcher as to what should be studied, how the study should be conducted, how the researcher should ask the questions and which rules will determine the interpretation of the answers obtained during the study (Botma *et. al.*, 2010:40). The research paradigm are based on three philosophical assumptions namely ontological, epistemological and methodology (Botma *et. al.*, 2010:24).

1.3.1 ONTOLOGY

Ontology deals with the nature of reality. It deals with the researcher's ideas about the nature and characteristics of whatever is to be studied (Botma *et. al.*, 2010:40). The researcher believes that the viewpoints of the adolescent males regarding the use of cannabis in Kimberley should be taken seriously because the adolescents experiences reality differently from adults. The researcher's view regarding adolescent males is that they have the inherent potential of being vulnerable towards the use of cannabis and other substances.

Learners aged between fourteen and sixteen years are said to be vulnerable; therefore they need to be informed about the dangers of using cannabis. These learners need to be occupied with developmental programs which will keep them actively engaged and avoid being bored.

1.3.2 EPISTEMOLOGY

Epistemology is the science of knowledge (Botma *et. al.*, 2010:40). It focuses on how knowledge will be constructed and deals with questions of how the researcher will understand why the adolescents behave in a certain way, e.g.

hanging out in empty buildings in the community and smoking cannabis. Epistemology explains the methods, theories, concepts, rules and procedures that have to be followed during research. The researcher believes that by listening to what the adolescent males say during the focus group interviews, it may be possible to understand their viewpoints with regard to the use of cannabis.

1.3.3 METHODOLOGY

Methodology refers to the various techniques/methods to follow when a researcher wants to study something (Botma *et. al.*, 2010:45). In this study, the researcher made use of a qualitative, explorative, descriptive and contextual research design. Focus group interviews were conducted in order to obtain the viewpoints of adolescent males in Kimberley regarding the use of cannabis. The researcher employed a co-coder to code the data, in order to ensure trustworthiness of the study (Botma *et. al.*, 2010:233).

The approach the researcher followed in this paradigm is described as interpretivism. Interpretivism was about the understanding of social realities; about how the adolescent males interpreted their own world (Botma *et. al.*, 2010:42-43). Interpretivists highlights the adolescent's roles and how they interact with one another in a certain situation. The ontological position of the researcher states that the adolescent males' experiences were viewed as real to them, and should be taken seriously. From the interpretivist point of departure, knowledge was formatted and based on observable phenomena that included subjective beliefs, ideas and values (Botma *et. al.*, 2010:40). Knowledge was formatted by interacting through an epistemological question and listening to what the participants said and how the participants shared their experiences (Botma *et. al.*, 2010:40). The researcher wanted to gather knowledge by assessing the meaning of the experiences of the Kimberley adolescents and their views on cannabis abuse. The methods associated with data gathering in interpretivism relate to interviewing and observation. The

researcher believes that focus group interviews were the best method to gather data in the natural setting of the participants.

1.4 RESEARCH DESIGN

The nature of this study is qualitative, and an explorative, descriptive and contextual approach was undertaken. Qualitative research is regarded as a means for exploring and understanding the meaning individuals/groups ascribe to a human or a social problem (Creswell, 2009:4). Qualitative researchers tend to be focused on life experiences and perceptions in order to understand and give a clear picture of peoples' behaviour (Moule & Goodman, 2009:17). Explorative research was undertaken in order to explore what the viewpoints of the adolescent males of Kimberley with regard to the usage of cannabis were, as little or no previous research has been done on this topic within the specific context (Brink *et. al.*, 2013:128).

Descriptive research is used when the researcher wants to present a picture of the details of a specific situation and social setting (Newman, 2011:38). A descriptive study normally starts with a well-defined issue, and tries to describe it accurately. The outcome of the study would then become a detailed picture of the concern under the discussion, or the answer to the research question. A descriptive study presents a picture of social activities that takes place, e.g. the viewpoints of adolescent males in Kimberley regarding the use of cannabis (Newman, 2011:39). The emphasis in the collection of data in descriptive studies is on the use of either questionnaires or interviews. For the purpose of this study, focus group interviews were used by the researcher (Brink *et. al.*, 2013:157).

Contextual design describes the area and what type of school will be involved in the study. This school is a mixed Model C boys' secondary school, traditionally predominantly white, situated in the heart of Kimberley, with hostel facilities. The school caters for boys from other areas, e.g. Johannesburg,

Pretoria and Botswana. The total number of learners at the school was 650, with male and female teachers of all races.

1.5 RESEARCH TECHNIQUES

The researcher made use of focus group interviews. Focus groups are carefully planned group interviews which involves some kind of group collective activity and discussion, as determined by the researcher (Botma *et. al.*, 2010:210). Focus groups are ideal for sharing the ideas (Hofstee, 2006:132) or viewpoints of adolescent males in Kimberley regarding the use of cannabis, as they are a method of eliciting information directly from the adolescents who are willing to participate and are presumed to have the required information about the research topic.

1.6 POPULATION

The population was all the learners between fourteen to sixteen years of age from the chosen school (Burns & Grove, 2011:544). The total number of fourteen to sixteen year old learners at this school was approximately 200, as of January 2013.

1.7 ANALYSIS UNIT

The analysis unit is the entire number of learners who meet the inclusion criteria. For this study, it would include all the adolescent males aged between fourteen and sixteen years in the chosen school (Henning, 2011:71).

This school was chosen because the researcher observed that adolescents from this school were smoking cannabis after school in the park wearing their school uniform. When the school principal was approached by the researcher about this problem, he stated that this was a concern in which he had tried to involve the Department of Education on several occasions, with no result.

Non-probability sampling is frequently used in nursing research, especially in explorative research (Newman, 2011:267). Qualitative researchers are also careful to select information rich cases, or those cases that can teach the researchers a great deal about the central focus or purpose of the study (Burns & Grove, 2011:74).

For this study, adolescent participants were selected because they have certain characteristics in common that related to the planned topic of the focus group (reasons for using cannabis), their viewpoints were of interest, as they may have had some knowledge about the issue under discussion or they may have lived experience (Botma *et. al.*, 2010:201, 211).

Purposive sampling was used. Purposive sampling is used to identify participants who comply with the selection criteria of the study. In purposive sampling, the sample size was determined by data saturation. Four planned focus group interviews were held with the participants in their natural setting (Polit & Beck, 2012:517).

For the purpose of this study, the inclusion criteria were:

- Adolescent male scholars aged between fourteen and sixteen years
- Participants willing to participate in the study
- The assent and consent forms were to be brought back by the learners before a specific date prior to data collection
- Participants able to participate in an English interview.

1.8 EXPLORATIVE INTERVIEW

An explorative interview is conducted at the initial or discovery stage of the study, with the findings laying out a baseline for ideation and improvement of the study (Hoets, 2007:Online). The following set question was posed to all the

participants: **“Please discuss your thoughts and feelings about the use of dagga”**.

The first of the focus group interviews was seen as an explorative interview. The data formed part of the total data pool, as it was found to be suitable (Botma *et. al.*, 2010:212).

1.9 DATA COLLECTION

Data collection is defined as the systematic gathering of information that will be needed to address the research purpose or the research problem (Burns & Grove, 2011:535). Please refer to Chapter Two for a detailed description of data collection.

1.10 TRUSTWORTHINESS

Trustworthiness is said to have four epistemological standards, namely truth value, applicability, consistency and neutrality. For a detailed description regarding trustworthiness, please refer to Chapter Two.

1.11 ETHICAL CONSIDERATIONS

The researcher was familiar with the ethical principles of conducting research on human beings, namely that the participants should not experience any harm during the study. Personal and insensitive questions were avoided at all times (Botma *et. al.*, 2010:56).

The ethical principles followed in this study include:

- Informed consent, assent, beneficence, confidentiality, debriefing and referrals, justice and regard of vulnerable groups. For a more detailed description of the Ethical Principles, please refer to Chapter Two.

1.12 DATA ANALYSIS

Data analysis is an on-going process which involves continual reflection about the data, asking analytical questions and writing memos through-out the study. Qualitative data analysis is conducted simultaneously with data gathering, making interpretations and compiling reports (Creswell, 2009:184). Data analysis involves collecting open-ended data, based on asking the participants questions and developing an analysis from the information that they supply. For the purpose of this study, only one question was asked, which the participants had to answer and discuss.

1.13 THE VALUE OF THE STUDY

Findings from this study may have a constructive effect for Child Psychiatric Professional Nurses and could lead to the implementation of support programs and strategies in order to improve the knowledge of the adolescents, parents, teachers and the communities with regard to the dangers associated with using cannabis.

1.14 CONCLUSION

In this chapter, the introduction, background to the study, the problem statement, purpose of the study, research paradigm and summary of the methodology were discussed. The research methodology, data collection, trustworthiness and ethical considerations will be discussed in the next chapter.

CHAPTER 2

PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the viewpoints of adolescent males in Kimberley regarding the use of cannabis

The previous chapter introduced and outlined this qualitative study by describing the problem statement, the research process and the research paradigm. This chapter will clarify the plan and structure of the study by discussing the methodology (research design, method and actual conducting of the study), trustworthiness as well as the ethical considerations.

2.1 RESEARCH DESIGN

Creswell, (2009:3), defines research design as the plans and the procedures for research that span the decisions from broad assumptions that lead to detailed methods of data collection and analysis. Polit and Beck (2012:714) describe research design as an overall plan for addressing a research question, which includes instructions for enhancing the value of the study. The research design could therefore be regarded as the blueprint for conducting a study: It guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal. This control results in increasing the probability that the study results are accurate reflections of reality (Burns & Grove, 2011:547).

A qualitative, explorative, descriptive and contextual research design was followed in this study.

2.2 CHARACTERISTICS OF QUALITATIVE RESEARCH

Qualitative research involves listening to and assessing people's patterns of behaviour and how they interact with one another (Moule & Goodman, 2009:17). Burns and Grove (2011:3), describe qualitative research as a systematic approach that is used to describe life experiences, situations and give explanations to these occurrences in order to give meaning to the whole. The researcher plays an active part in the study. Qualitative research does not determine causality; it generates knowledge about the meaning and discovery. The research settings are not manipulated nor are experiments set up. The environment qualitative research is concerned with is understanding the meaning of the surroundings. The findings from these studies are used to identify the relationships between variables; these statements are then used to develop theories.

Creswell (2009:4) summarizes qualitative research as follows: Qualitative research is a means for exploring, understanding the meaning that individuals or groups ascribe to a social human problem. The process of research involves asking questions and carrying out procedures. Data is typically collected in the participants' own setting. Data analysis is inductively built from particulars to general themes, and the researcher makes interpretations from the meaning of the data.

2.3 THE STRENGTH OF QUALITATIVE DESIGN

Qualitative design sheds light on the questions that health professionals normally ask about the reality they face, or would like to understand, e.g. the viewpoints of the adolescent males in Kimberley regarding the use of cannabis. Information is then produced in the form of words relating to a specific phenomenon. Data in the form of feelings, behaviours, thoughts, insights and actions, and no numbers are produced, that are then explored.

Qualitative research comprises of an in-depth examination of the characteristics of a phenomenon to better understand or explain it. The qualitative researcher gives meaning to the study results by giving a dense description of the study (Botma *et. al.*, 2010:182). The methodology is directed by the philosophical orientation of the researcher, hence the “methodology strategy of enquiry”, (Creswell, 2009:5). The methodology strategy of enquiry that was used in this study was descriptive in nature.

2.4 DESCRIPTIVE DESIGN

Polit and Beck, (2012:725), explains descriptive research as research that typically has an accurate portrayal of people’s circumstances, characteristics and the frequency within which the phenomena occurs as a main objective. Botma *et. al.*, (2010:110), explains descriptive design as a non-experimental design which is used if the researcher wants to describe the topic of interest as it naturally occurs. In descriptive design, the research variables are not manipulated and there is also no attempt to establish the relationship between variables. Descriptive designs could therefore be used to generate hypotheses; to develop the relevant theory in order to establish what others are doing in similar circumstances (Botma *et. al.*, 2010:110).

Advantages of the descriptive design are that they take less time to conduct and are inexpensive (Botma *et. al.*, 2010:110). In this study, focus group interviews were conducted with four different groups of participants. Focus group interviews are less expensive and require no manipulation of the environment. The researcher herself was present during the focus group interviews, and was able to experience how the participants responded to the facilitator and one another. The researcher was therefore able to take field notes of impressions and her thoughts during the focus group interviews.

The researcher has attempted to provide a “rich description” of the data analysis which will be discussed in full in Chapter 3 (Botma *et. al.*, 2010:110).

2.5 EXPLORATORY DESIGN

Botma *et. al.*, (2010:185) explains exploratory research as the study that is undertaken if the topic was never researched before, or if little is known about the phenomenon to be studied. De Vos, Strydom, Fouche' and Delport (2011:95) state that exploratory research is conducted to gain information into a certain situation, an individual, a community or a phenomenon.

The exploratory research is undertaken when there is lack of basic information on a new field of interest, e.g. the viewpoints of adolescent males in Kimberley regarding the use of cannabis. There is not a lot of information available in the Northern Cape regarding the use of cannabis among adolescent males at all.

2.6 CONTEXTUAL DESIGN

In this study, the context in which the viewpoints of adolescent males occurred was at the school, which the participants were attending. The school is a boys' public school, situated in the heart of Kimberley. The school is traditionally a white school which now caters for adolescent males of all races. There is a hostel facility at the school for those learners that are not from the Northern Cape. Teachers and staff members of the school include both males and females of all races. The number of enrolled learners at the school in 2013 was 650.

2.7 RESEARCH METHOD

The following section that will be discussed as part of the research method includes the:

- Population
- Analysis unit
- Research technique,

2.7.1 POPULATION

Macmillan English Dictionary, (2012:Online), describes population as all the people who lives in a certain area/place; or all the learners that attends the same school.

For the purpose of this study, the population included all the fourteen to sixteen year old learners of that specific school.

2.7.2 ANALYSIS UNIT

The analysis unit is the number of learners who met the inclusion criteria, and were all the adolescent males aged between fourteen and sixteen years of the chosen school (Henning, 2011:71). Participants were selected because they had certain characteristics in common that related to the planned topic of the focus group, their viewpoints were of interest in this study, as they had seen some of their neighbours or relatives using cannabis (Botma *et. al.*, 2010:201).

Purposive sampling was used in this study. This form of sampling is a type of non-probability sampling. The sampling is normally based on the assumption that the researcher's knowledge about the population may be used to hand pick participants who may be knowledgeable about the topic of interest (Polit & Beck, 2012:517). The qualitative researcher may not know in advance how many participants will be needed for the study. The researcher will have to sample continuously in order to reach saturation of data (Brink *et. al.*, 2013:141).

The inclusion criteria of the study were well formulated so that a wider range of perspectives could be covered (Botma *et. al.*, 2010:201). For the purpose of this study, the inclusion criteria were:

- Adolescent males aged between fourteen and sixteen years
- Participants willing to participate in the study
- The assent and consent forms had to be brought back by the learners before a specific date prior to data collection
- Participants able to participate in an English interview

2.7.3 RESEARCH TECHNIQUE

Research techniques most often used in a qualitative research may be classified into four groups, namely: observation, interviews, e-mailing, and use of the internet and the audio visual material (Creswell, 2009:181).

Focus group interviewing was the most appropriate technique for this study, as the adolescent males were able to share their viewpoints regarding the use of cannabis in Kimberley in a non-threatening, natural setting, namely their school.

2.7.3.1 Focus Groups Technique

Focus groups are carefully planned interviews which involve some kind of group collective activity and discussion, as determined by the researcher (Botma *et. al.*, 2010:210). Focus group interviews is a manner of eliciting information directly from the participants, who are willing to participate in a study and are presumed to have the required information regarding the viewpoints about the use of cannabis among adolescent males in Kimberley (Hofstee, 2006:132).

2.7.3.2 Advantages of the Focus Group Technique

Focus group interviews are suited to the collection of qualitative data as they are cost-effective flexible, elaborative, stimulating, assist the participants in information recall, and are capable of producing content rich data (Polit &

Beck, 2012:537–538). Focus group interviews are useful when the researcher wants to generate new ideas in a non-threatening environment (Jayasundara, Ngulube & Mnishi-Majanja, 2010:121). This type of interview helps the researcher and facilitator create a fuller, deeper understanding of the topic that is studied (De Vos *et. al.*, 2011:374). They are very efficient, as the researcher obtains the viewpoints of many individuals in a relatively short time (Botma *et. al.*, 2010:210). During the focus group interviews, participants feel empowered and supported in a group situation where they encourage one another (De Vos *et. al.*, 2011:362).

Focus groups allows the researcher to have access to all kinds of qualitative occurrences that are poorly researched with other study methods. This method can also demonstrate to researchers how their studies could be improved by using an applicable qualitative technique (Morgan & Spanish, 2003:254).

Focus groups come into their own when the topic of enquiry is considered to be sensitive (Fielding, 2009:10; Streubert & Carpenter, 2011:38). They allow the researcher to understand why people feel the way they do (Bryman, 2012:503). Loots (2009:5) states that focus group interviews bring the participants' feelings to the surface and also deal with what was not previously verbalized by the participants. The focus group interviews allowed the participants to express themselves as well as to be heeded with regard to what the cannabis practise meant in their lives (Jankie, Garegae & Tsheko, 2011:133).

Involving the adolescents in the focus group interviews opened opportunities for them to think, rethink, understand and share their feelings and viewpoints about the use of cannabis as well as making educated choices on this sensitive matter (Jankie *et. al.*, 2011:133).

Fielding (2009b:4) states that very small groups can be desirable for some research topics or types of participants. Having fewer participants when

dealing with an intense experience, gives the participants more chance to tell and compare their stories in detail. Maree (2007:90) states that focus group interviews can assist the researcher's data analysis in understanding what transpired in the group, as well as why it might have transpired.

For the purpose of this study, participants sat in the library of the school in a circle so that they were able to see the facilitator and one another during the interview. The environment was familiar and non-threatening. All the participants were put at ease and were encouraged to participate in the interviews, the issue of confidentiality having been raised beforehand by the facilitator.

2.7.3.3 Disadvantages of the Focus Groups Technique

Communication patterns, roles, relationships and traditions might interfere with the focus groups' outcome if different cultural groups are included in the same group, or if there is a vast difference in the adolescents' age (Polit & Beck, 2012:537). Some people are not comfortable expressing their views in a group if there is a wide variation in social or education standing (Polit & Beck, 2012:538). If the facilitator is not experienced, some participants may dominate the others, resulting in some participants being passive (De Vos *et. al.*, 2011:374). The tape recorder might malfunction, or other difficulties can preclude complete and accurate data transcriptions, such as recording of the focus groups data may be problematic if the participants are not clearly audible or when there is a lot of noise or interruptions during the interviews (Streubert & Carpenter, 2011:39).

2.7.3.4 Measures to improve the facilitation of the focus group interviews

Four focus group interviews were held in the school library, which is situated a bit further away from the classrooms, there were no interruptions from the

learners as it was announced over the intercom system that all learners would only be able to access the library after school, in order to avoid interruptions. The facilitator gave each participant a chance to express himself in order to avoid the culture of “group thinks” (Polit & Beck, 2012:538). The participants were asked to speak loudly and one at a time so that their voices could be clearly audible for the recordings. Botma *et. al.*, (2010:214) states that the participants should be informed beforehand of the use of the tape recorders, as was done by the facilitator. The participants gave permission for the tape recorders to be used by signing the assent form. The tape recorders were tested before the focus groups commenced. Two tape recorders were used in order to minimize possible problems or interruptions (Botma *et. al.*, 2010:214).

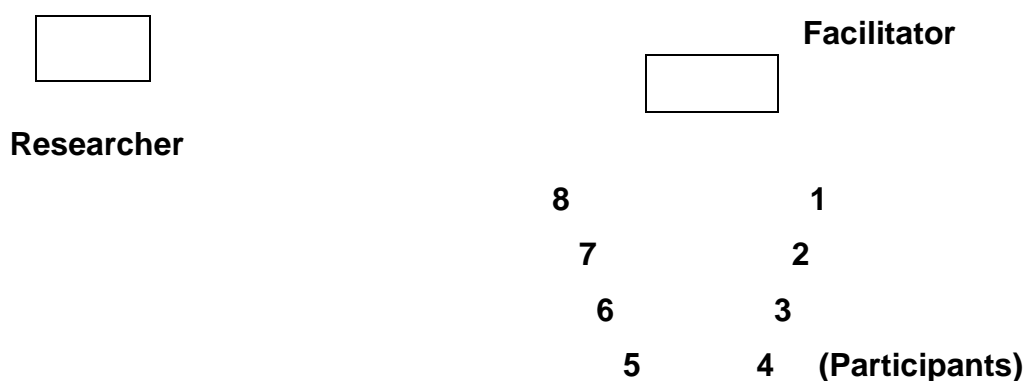
2.7.3.5 The Focus Groups Interviews

2.7.3.5.1 Introduction

The facilitator greeted and welcomed the participants and thanked them for their willingness to participate in the study. The purpose of the study was explained in detail to the participants, who were encouraged to participate, raise their concerns and ask questions at any time during the sessions (Botma *et. al.*, 2010:212).

2.7.3.5.2 The seating arrangements of the focus groups (Botma *et. al.*, 2010:215)

The participants were seated in a circle, all facing the facilitator as follows:



All chairs had numbers which were used as codes that were given to the participants, so that the participants' names were not used during the focus group interviews (Botma *et. al.*, 2010:213).

2.7.3.5.3 Conducting the focus groups sessions

The eight participants from each of the four focus groups were seated in a circle, all facing towards the facilitator. The researcher was seated at a smaller table next to the facilitator taking field notes. The facilitator introduced herself and the researcher. The participants were then put at ease by the facilitator during small talk. The facilitator raised the issue of confidentiality, stating that numbers will be used instead of using the participants' names. The facilitator stated that the audio tapes will be used as a backup; the tapes would help the researcher to remember what was discussed. The tapes would be kept safe by the researcher and no unlawful person would have access to the tapes (Botma *et. al.*, 2010:19).

The facilitator explained to the participants that if they did not feel comfortable to participate in the study, or at any given time during the sessions, they would be excused without having to give any explanation to any person (Polit & Beck, 2012:161). The participants were all observed to be smiling, stating that they wanted to participate in the study.

2.7.3.5.4 The research question during the focus group interviews

The research question which was posed to the participants was as follows: **“Please discuss your thoughts and feelings about the use of dagga”**.

Saturation of data was reached from the third focus group interview, but one last session was conducted to confirm the observation. The facilitator and researcher agreed that another group would probably only produce the same information (Botma *et. al.*, 2010:211). Bryman, (2012:505), states that when

the facilitator or researcher can fairly anticipate what the next focus groups will say, there are probably enough groups and saturation of data would have been reached.

2.7.3.5.5 Supplies

A small packet of refreshments was placed on each seat with every focus group interview, but none of the participants enjoyed their snacks before or during the focus group interviews. The participants took the snacks with them after the focus group interviews.

2.7.3.5.6 Closure

The participants were thanked for their participation at the end of each session. They left the library, full of smiles.

2.8 EXPLORATIVE INTERVIEW

De Vos *et. al.*, (2011:441), explains an explorative interview as a study that is undertaken at the beginning of a research study, when a researcher needs to explore a certain phenomenon, e.g. the viewpoints of adolescent males in Kimberley regarding the use of cannabis. Burns & Grove (2011:538) explain the exploratory study/interview as a study that examines the data in order to increase the knowledge of the study. Explorative interviews/studies provide the basis for confirmatory studies, and serve as a means of examining hypothesis (Morgan & Spanish, 2003:255).

The first interview session served as the explorative interview. Afterwards, the research question remained the same in the main study as it was found that the question provided clear answers. Data collected during the explorative interview formed the basis for the main study.

2.9 DATA COLLECTION

Data collection is defined as the systematic gathering of information that will be needed to address the research purpose or the research problem (Burns & Grove, 2011:535).

The researcher followed these steps before the actual data collection process:

- Permission to continue with the study was obtained from the Evaluation Committee of the School of Nursing and the Ethics Committee, Faculty of Health Sciences, University of the Free State.
- Permission was also obtained from the Department of Education, Northern Cape as well as the specific school, after the researcher wrote letters to request permission to continue with the study at the school.
- The researcher made an appointment with the school principal after permission was obtained, in order to explain the aim of the study as well as the events that would take place.
- The principal stated that as he never had any research study conducted at the school before, he could not give permission for the study to take place on his own, but would table the request at the next meeting with the school's governing body during that week.
- The secretary of the school phoned the researcher after the meeting was held, informing her that the school governing body wished to have a meeting with her (the researcher). The date and time for the meeting was set. The governing body consisted of the school principal, four teachers and seven members of the public. Most of the governing body members (parents) were also teachers at other schools.

- At the meeting with the governing body, the researcher explained the research study and its purpose to the members, and any questions were clarified
- It was explained that participation to the study was voluntary; participants could withdraw from the study at any given time if they wished to do so, without giving any explanation to any person or any disadvantages (Botma *et. al.*, 2010:56).
- The researcher explained to the governing body that it **did not mean that the adolescent males who would participate in the study were using cannabis**; the aim of the study was only to elicit the viewpoints of the adolescent males without disclosure of substance use/misuse.
- The use of the assent form, informed consent form and the participant information leaflet was explained to the members of the governing body, (as one of the conditions stated by the Department of Education, Northern Cape in their permission document). See annexures A, B and C.
- Participants aged between fourteen and sixteen years had to sign an assent form, while the parents / guardians signed the consent form before the study commenced (Polit & Beck, 2012:720).
- The researcher explained to the governing body that different focus groups of adolescent males would be held until saturation of data was reached. The single question to be posed to the participants being; **“Please discuss your thoughts and feelings about the use of cannabis”** (Botma *et. al.*, 2010:212).
- The governing body members were reassured that the information that the participants gave would be kept highly confidential. No names or

identifying data will be attached to the field notes and transcripts, as only numbers would be used (Polit & Beck, 2012:162).

- The researcher also informed the governing body that an experienced facilitator would facilitate the focus groups interviews, while the researcher was to take the field notes. The facilitator would be informed of the date and time of the data collection by the researcher.
- The governing body agreed that the study could be approved and would take place in the school, provided that they, (the governing body), had a prior meeting with the parents/guardians of the fourteen to sixteen year old adolescent males who were in grade 8 in 2013, in order to explain the study. The members of the governing body were excited about the study that was to take place; they stated that they were interested to know what the results of the study will be. The researcher will forward the results of the study to the Department of Education as well as the Provincial Administration, Northern Cape (this was one of the conditions granted to the researcher by the Department).
- The researcher asked the school principal and the governing body to allocate at least four periods, e.g. life orientation during school time, so that the study could be carried out during these periods. The possibility was noted that the sessions could perhaps run until after school.
- The researcher made another appointment with the secretary and the school principal in order to deliver 100 assent forms, informed consent forms and participant information leaflets to the school. The forms were already packed into sets of three and placed in envelopes.
- The school principal and the governing body met the parents of the fourteen to sixteen years adolescent males and explained the purpose of the study, the assent form, informed consent form and the participant

information leaflet, which were given to the parents during the meeting, immediately after the school re-opened in July 2013.

- The adolescent males had to return the assent and informed consent forms to the school within three weeks.
- In the interim, the facilitator was contacted by the researcher in order to confirm the dates and times of the focus group interviews. The selected dates for the data collection was the 14th August 2013 and the 13th September 2013, in the school library.
- The researcher informed the school secretary of the data collection dates that the facilitator agreed to.
- Thereafter, the researcher telephoned the school secretary twice a week to check upon the returned assent and informed consent forms.
- The school secretary communicated and informed the participants of the dates, time and venue of the focus group interviews.

English was the preferred language for the study, as it also is the medium of instruction at the school.

As an experienced Psychiatric Nurse and a lecturer at the University of the Free State, holding a PhD in Nursing, the facilitator for the focus group interviews had extensive experience in conducting qualitative research and focus group interviews. The researcher, who sat in an inconspicuous position, took field notes during the focus group interviews.

As the physical environment for the interviews, the school library was familiar, relaxed and comfortable. The acoustics of the room allowed the facilitator and researcher to obtain good quality audio recordings of the focus group interviews. The participants' seating arrangement was in a circular form in

order for all participants to maintain eye contact with one another as well as with the facilitator (Burns & Grove, 2011:87). Two tape recorders were used, (one electrical and one battery operated), after the participants were asked beforehand whether the tape recorders could be used (Botma *et. al.*, 2010:214).

The four focus group interviews all occurred at times that were convenient for both the participants and the researcher. As much privacy as possible was created for the participants. The average period of the focus group interviews was not longer than forty five minutes each. All focus group interviews were conducted in the same manner in order to ensure consistency (Botma *et. al.*, 2010:212).

THE FOCUS GROUPS QUESTION

One question was posed to the different focus groups in English and was as follows: **“Please discuss your thoughts and feelings about the use of cannabis”**.

2.9.1 THE ROLE OF THE RESEARCHER

The researcher arranged the venue for the research and ensured that everything that will be needed was in place. The researcher also liaised with the teachers and the school secretary to keep the process of the research running smoothly, e.g. what time the participants were needed for the focus group interviews, and at what time the participants had to go back to their classes.

The researcher in this case fulfilled the role of the co-facilitator, who took field notes, operated the tape recorders and handled any distractions that rouse during the focus group interviews (Botma *et. al.*, 2010:212), as well as transcribed the interviews.

2.9.2 THE ROLE OF THE FACILITATOR

The facilitator planned and directed the discussion in order to keep the conversation flowing. The facilitator was skilled in communication and facilitation skills, she was familiar with the interview guide before starting with the focus groups. The facilitator started with some small talk in order to put the participants at ease; and had an adequate background of the topic under discussion so that she could follow up on critical issues of concern. The facilitator was familiar and comfortable with the group processes.

Furthermore, the facilitator was:

- friendly
- had a good sense of humour
- respected the participants
- was able to think and listen at the same time
- was skilled in directing the focus group discussion
- encouraged equal participation, allowing expressions of different views, thereby assisting members to be more specific in their answers (Botma *et. al.*, 2010:212).

The facilitator who would conduct the focus group interviews is a trained qualitative and focus group interview facilitator. She is an experienced Psychiatric Nurse with extensive experience and interviewing skills; a lecturer at the University of the Free State who holds a PhD in Nursing.

2.10 FIELD NOTES

Field notes were made during and after all the focus group interviews. These notes were divided into four categories; namely: observational notes, theoretical notes, methodological notes and personal notes (Polit & Beck, 2012:548-549). Please refer to Chapter Three for a detailed description of the field notes.

2.11 MEASURES TO ENSURE TRUSTWORTHINESS OF THE RESULTS

(Krefting 1991:215–216) outlined procedures by which the value or quality of a qualitative study can be evaluated. The four criteria that were implemented in order to ensure trustworthiness are tabled below:

Table 2.1 Strategies with which to establish trustworthiness (Krefting, 1991: 217)

STANDARDS	STRATEGIES	CRITERIA THAT ENSURE STRATEGY
Truth value	Credibility	<ul style="list-style-type: none"> ● Authority of the researcher ● Interview technique ● Triangulation
Applicability	Transferability	<ul style="list-style-type: none"> ● Referential adequacy ● Selection of participants ● Conducting focus groups interviews ● Saturation of data ● Dense/rich description of the study
Consistency	Dependability	<ul style="list-style-type: none"> ● Dependability audit ● Dense description of the study ● Using an expert facilitator ● Employing a co-coder
Neutrality	Confirmability	<ul style="list-style-type: none"> ● Confirmability audit ● Triangulation ● Reflexivity

A description of those strategies implemented by the researcher in order to enhance the credibility of the study includes:

2.11.1 CREDIBILITY

Credibility refers to confidence in the truth of the data for the participants as well as the context in which the study was conducted (Krefting, 1991:215; Polit & Beck, 2012:585).

Authority of the researcher

The researcher's role is clearly identified as a Masters level student in Child Psychiatric Nursing at the University of the Free State, who has completed a basic training in research methodology. The researcher has ten years' experience as a nurse educator, and she has been teaching psychiatry and child psychiatry for the past eight years. The supervisor and the facilitator are both lecturers at the University of the Free State that hold Doctorate degrees in Nursing, and have extensive experience in qualitative research. Both are proficient in conducting qualitative interviews (Krefting, 1991:220).

Interview technique

In this study, credibility was obtained by an experienced focus group facilitator conducting the focus group interviews. The aim was to discover the human experiences as lived by the adolescent males of Kimberley regarding the use of cannabis at school level. The research question which was posed to the participants was **"Please discuss your thoughts and feelings about the use of cannabis"** (Krefting, 1991:215; Botma *et. al.*, 2010:201–213).

Triangulation

In this study, the different sources of data were used in the study e.g. the researcher gathered information by making use of focus group interviews, field

notes, literature control, transcriptions and tape recorders to ensure triangulation (Krefting, 1991:9; Botma *et. al.*, 2010:231).

2.11.2 TRANSFERABILITY

Transferability refers to the generalization of data, in which findings can be transferred to other settings or groups (Krefting, 1991:216; Polit & Beck, 2012:585).

Referential adequacy

Copies of data that was collected was presented as Annexure I (Krefting, 1991:217).

Selection of participants

The participants were selected as they had certain characteristics in common that related to the planned topic of the focus group interviews, namely some knowledge of the use of cannabis in their community (Botma *et. al.*, 2010:201). The viewpoints of the participants were of interest to the study as they had seen some of their friends, neighbours or relatives who were using cannabis.

Conducting focus group interviews

The aim of the focus group discussion of the study was not to create transferable findings but to obtain the viewpoints of the adolescent males in Kimberley regarding the use of cannabis. The focus group interviews were conducted in a natural setting with no manipulation of the environment (Krefting, 1991:216; Botma *et. al.*, 2010:210).

Saturation of data

As described, the interviews were repeated until saturation of data was reached from the third focus group interviews, but one last session was conducted as a fail-safe measure. The facilitator and the researcher then

agreed that another group interview would probably only gather the same information (Botma *et. al.*, 2010:211).

Rich description of the study

The researcher attempted to compile a rich description of the study, which referred to a detailed step by step description of the research process, data collection, data analysis and the literature control. The readers of the study could then decide for themselves whether the results are applicable to the study or not (Botma *et. al.*, 2010:215).

2.11.3 DEPENDABILITY

Dependability of qualitative data refers to the reliability of data over time as well as the research conditions, such as checking whether the findings would still be reliable if the study was replicated by another researcher in a study with the same participants in a similar context (Krefting, 1991:216; Polit & Beck, 2010:585).

Dependability audit

The process refers to when another researcher can follow the decisions and trail of the original researcher of the study. The researcher kept hard copies of the field notes as well as transcriptions in order to facilitate an audit trail, so that other researchers were in a position to trace the design used to provide a dense description of the viewpoints of adolescent males in Kimberley regarding the use of cannabis (Botma *et. al.*, 2010:233).

Dense description of the study

A rich, comprehensive description of the study was provided to ensure sufficient information is available to enable the readers of the study to judge the dependability of the findings in other settings (Botma *et. al.*, 2010:215).

The use of an expert facilitator

A dependability audit was conducted by the researcher consulting with the facilitator, an experienced qualitative facilitator, with regard to the reporting of the research findings (Botma *et. al.*, 2010:212).

Employing a co-coder

After the researcher compiled data from the field notes and the transcriptions, the researcher made use of a co-coder, who coded the data independently in order to ensure trustworthiness. The researcher and the co-coder conducted several consensus conversations regarding the findings of the study. Copies of the co-coded data are presented as Annexure J (Botma *et. al.*, 2010:226).

In this study, the facilitator learnt from the participants rather than control them. The uniqueness of the adolescent males' situations was emphasized throughout this study (Krefting, 1991:216).

2.11.4 CONFIRMABILITY

Confirmability refers to the objectivity of the data, or the congruence between two or more people about data accuracy (Krefting, 1991:216–217; Streubert & Carpenter, 2011:49).

For the purpose of this study, the following strategies were followed:

Confirmability audit

The study supervisor, the facilitator as well as the co-coder worked closely with the researcher through the study itself, exploring the data findings, interpretations and recommendations in order to ensure confirmability (Krefting, 1991:221) and (Botma *et. al.*, 2010:233).

Triangulation

Data collected by means of focus group interviews, field notes and transcriptions was verified by means of a literature control. Data analysis was done by the researcher; consensus regarding the identified data categories and sub-categories, was sought after by employing the skills of an independent coder (Krefting, 1991:9; Polit & Beck, 2012:590).

Reflexivity

Reflexivity refers to the critical thinking of the researcher through the interaction of the self and the data during the analysis of qualitative data. The researcher is an experienced Psychiatric Nurse Educator, currently pursuing a Master's Degree in Child Psychiatric Nursing.

The researcher maintained a double role through the duration of the focus group interviews, both acting as an experienced health care practitioner and as a novice researcher. As a novice researcher, the researcher wanted to understand the viewpoints of the adolescent males regarding the use of cannabis in Kimberley. But, as a health care practitioner, she had the skills to assist needy adolescent males, and was motivated to look and listen for specific cues in what she saw and heard from the adolescents' viewpoints. This led the researcher to believe that some of the adolescents' needed assistance for cannabis abuse, although none of the participants directly indicated a need in this regard. If the participants did indicate that they needed assistance for cannabis/substance abuse, they would have been referred to the school psychologist for counselling and further management (Krefting, 1991:218; Polit & Beck, 2012:597).

2.12 ETHICAL CONSIDERATIONS

A researcher must be familiar with the ethical principles of conducting research on human beings. The participants should not be exposed to or experience

any harm during the study. Personal and insensitive questions should be avoided at all times (Botma *et. al.*, 2010:56).

The language of the information leaflet, informed consent and assent form was English as the medium of instruction of the school is English.

2.12.1 PERMISSION TO CONDUCT THE STUDY

Permission to conduct the study was obtained from the Evaluation Committee, School of Nursing, followed by a full external review by the Ethics Committee of the Faculty of Health Sciences at the University of the Free State. A letter of approval was received from the Ethics Committee, University of the Free State (please refer to Annexure D).

Permission to conduct the study was also obtained from the Northern Cape Department of Education (please refer to Annexure F).

Furthermore, the principal and the governing body of the chosen school also gave permission for the study to be conducted (please refer Annexure H).

2.12.2 INFORMED CONSENT BY THE PARTICIPANTS' PARENTS/ GUARDIANS

Adequate information was given to the adolescents and their parents/guardians regarding the research (please refer to Annexure A). Participants had the power of free choice which enabled them to agree or decline participation (Polit & Beck, 2012:157). Parents/guardians gave permission for adolescents aged between fourteen and sixteen years to participate in the study by signing an informed consent form (please refer to Annexure B).

2.12.3 ASSENT FORM BY THE PARTICIPANTS

Assent specifically refers to the adolescents' agreement to participate in a study (please refer to Annexure C). The adolescent males aged between fourteen and sixteen years gave written assent, in order for the researcher to have evidence of her respect of their right to self-determination regarding participation in the study (Polit & Beck, 2012:720).

2.12.4 BENEFICENCE

According to Botma *et. al.*, (2010:20), beneficence means that a participant of a study has the right to be protected from harm and discomfort. The principle of beneficence refers to one doing good, over and above, and not doing any harm at all. The principle of beneficence is outlined in the risks / benefit ratio of the study, as described below:

2.12.4.1 Risks

Risk is equal to harm/injury and it is defined as something unpleasant that may occur in future (Botma *et. al.*, 2010:22).

For the purpose of this study, no risks or harm was foreseen to the participants. The participants were involved in focus group interviews, whereby the facilitator asked them to share their thoughts and feelings regarding the use of cannabis in Kimberley. The focus group interviews took place in a familiar and natural setting (the school library), so no manipulation of the environment took place.

The facilitator who conducted the focus group interviews is a trained qualitative researcher and experienced focus group interview facilitator, and an experienced Psychiatric Nurse with extensive experience in interviewing, who holds a PhD in Nursing. As the facilitator did not ask the participant's personal

questions that might have embarrassed them and could have led to psychological or emotional harm, she adhered to the study's ethical considerations. The facilitator was able to listen and reason at the same time, thus the interviews flowed smoothly. The facilitator was friendly, had a good sense of humour and respected the views of the participants throughout the sessions (Botma *et. al.*, 2010:212). If any adolescent were upset during the interviews, the researcher would have referred them to the school psychologist for counselling.

2.12.4.2 Benefits

Study benefits is something that one is never a 100% sure of, one only hopes for the benefits to be present at the conclusion of the research study. The community and the participants normally do benefit from the hope-for-benefits (Botma *et. al.*, 2010:21). The researcher and the organization that she works for may benefit from the research. The researcher may benefit by being regarded as a valuable researcher. The academic institution may receive funding for a publication in an accredited journal. The Departments of Education and Health may grant permission for other researchers to embark on similar studies.

The results of the study will inform the health promotion and prevention programmes of the Department of Health; Northern Cape on which areas to put more emphasis e.g. to conduct roadshows on adolescent substance/cannabis abuse in the middle or secondary schools.

There will be no direct benefits for the participants in this study but the school and community of future adolescents might find the information regarding the use of cannabis in Kimberley helpful in preventing the increase of the problem. The Kimberley community may have aspirational benefits which may arise from the results of the study such as new knowledge on this matter will be gained from the study. This knowledge will enable the community of Kimberley,

the Departments of Health and Education to have a better understanding on the viewpoints of adolescent males in Kimberley regarding the use of cannabis; in order for them to teach their families to prevent using cannabis.

The results of the study may inform the Departments of Health, Education and Social Development promotion and prevention programs on which population to target on substance abuse i.e. cannabis and tobacco smoking.

2.12.5 CONFIDENTIALITY

The participants were reassured that numbers instead of names will be used during the focus groups interviews, so that the participants could not be linked directly to any data (Polit & Beck, 2012:162).

2.12.6 JUSTICE

The selection of participants was based on the research requirements, e.g. adolescent males aged between fourteen and sixteen years in the school and not on the vulnerability of certain compromised people, such as identified cannabis users. The facilitator informed the participants that they had the right to withdraw from the study at any given time without any explanation to any person. The participants were able to reach the researcher for any desired information or clarification that they may need, as her contact details were freely available to them (Polit & Beck, 2012:155).

2.12.7 VULNERABLE GROUPS

Macmillan English Dictionary, (2012:Online), describes vulnerable groups as a group of people that are easily upset physically and emotionally.

Some adolescent males between fourteen and sixteen may be unable to make independent decisions for themselves, but are quite able to express their wishes by giving or withholding assent to be included in a study (Botma *et. al.*, 2010:7).

For the purpose of this study, the researcher classified all the participating adolescent males as being vulnerable; as they were underage, and had to sign the study assent form (Botma *et. al.*, 2010:7). The parents/guardians of these adolescent males also had to sign an informed consent form in order to give permission for their children to participate in the study (Botma *et. al.*, 2010:16).

2.12.8 SAFEGUARDING OF DATA

Botma *et. al.*, (2010:19) recommends that all the original data collection tools should be stored in locked fireproof cabinets for at least 5 years, as some Universities require. The facilitator and researcher undertook the following precautions to safeguard data for this study:

- The coding master list, child assent forms and informed consent forms were kept locked in the researcher's office at work
- The information was not shared with any non-applicable persons
- The computer where the data was kept is the researcher's own personal laptop, which is protected by a password, a firewall and has a virus protection programme
- All the audio tape recordings, as well as the computer memory sticks used during the study will be erased at the conclusion of the research project, as would be agreed upon by the facilitator and researcher.

2.13 DATA ANALYSIS

The purpose of data analysis in a qualitative study is to reduce, organize and to give structure to data (Burns & Grove, 2011:535). Henning (2011:128) describes data analysis as breaking down the data into bits and pieces, so as to elicit meaning from this data. Polit and Beck (2012:556) states that qualitative data collection and analysis normally occur at the same time. This author also mentions three challenges for qualitative researchers, namely:

1. Validity should be apparent, as qualitative researchers do not have universal rules on how to analyse data
2. Qualitative data analysis is time consuming and entails an enormous amount of work
3. The richness and value of individual data may be lost during the data reduction process.

2.13.1 THESE CHALLENGES WERE ADDRESSED AS FOLLOWS:

- The researcher made use of an experienced focus group facilitator during the focus group interviews
- Two tape recorders were used during the focus group interviews to ensure the effective capture of the data (Botma *et. al.*, 2010:214)
- The researcher consulted with the facilitator after transcribing the data, to ensure that any information rich data was not lost (Polit & Beck, 2012:559)
- The researcher made use of an independent co-coder in order to code the data accordingly (Botma *et. al.*, 2010:226).

2.14 THE PROCESS OF DATA ANALYSIS

- Tesch's method of data analysis was implemented in this study. Creswell (2009:185–186) suggestions on the steps that should be taken was followed, in that: Interviews were transcribed, field notes typed, arranging or sorting of the data were done as preparation for data analysis.
- The researcher obtained a general sense of information by continuously reading through all the data, e.g., understanding what participants said and how they indicated they felt.
- A detailed analysis was started, using a coding process.

Tesch's 8 steps of data analysis (in Creswell, 2009:186)

- Read all the transcriptions carefully, jot down some ideas as they might come in mind in order to get a sense of the whole.
- Pick one document, the shortest one on top of the pile. Avoid thinking of the substance of the information but what it means. Write down your thoughts in the margins as they occur, in order for the researcher not to forget what she was thinking.
- Complete the task for several participants, compile a list of all topics, and cluster the same topics together. These topics should be formed into columns and divided as major, unique and leftover topics.
- Take this list and go back to your data. Abbreviate the headings as codes and write the codes next to the appropriate segments. Try to organize this and see if the new categories and codes emerge, e.g. categories and sub-categories.
- Group topics that relates to each other so as to reduce your total list of categories. Find the most relevant wording for your topics and turn them into categories. Draw lines between the categories in order to see how they relate.
- Finally decide on the abbreviation for each category, alphabetize the codes.
- Assemble all the data material that belongs to each category in one place, perform a baseline analysis.
- Recode your existing data, if necessary in order to check if the results will still be the same.

2.14.1 TRANSCRIBING INTERVIEWS

Burns and Grove (2011:93) state that the audio tape recorded interviews should be transcribed word by word. All exclamations, laughter, pauses should be indicated in the transcriptions. A generous margin should be left on both sides of the page, so that the left margin can be used for coding and the

researcher's notes. All pages should also be coded with the interview code and the participants' numbers (Burns & Grove, 2011:93).

2.14.2 CODES AND CODING

Coding is a means of categorizing whereby a symbol or an abbreviation is used to classify phrases or words in the data (Burns & Grove, 2011:94). The co-coder checked and coded the data independently. Thereafter the researcher, and the co-coder had a conversation where they reached consensus over the codes that will be used throughout the process.

2.14.3 IMMERSION OF DATA

Burns and Grove (2011:91) suggest that data collected in a qualitative study may include interviews, observations from field notes and entries from research diaries. The researcher will then have to read and re-read the data and listen to the audio tapes until she became immersed in the data.

In this study, transcripts from the tape recordings of the focus group interviews were read and re-read by the researcher, who also listened to the audiotapes until she became immersed in the data.

2.14.4 DATA REDUCTION

Data reduction refers to the process of reducing the volume of qualitative data in order to enable the researcher to examine, attach meaning to the individual elements of data. The researcher discovered and characterized classes of persons, things and events. The discoveries lead the researcher to classify elements in the qualitative data (Burns & Grove, 2011:94).

In this study, different headings were grouped accordingly, a summary was made from the groupings, e.g., when participants presented what their friends said, and what the parents and the teachers said, was grouped together.

2.14.5 THE QUALITY OF THE STUDY

Polit and Beck (2012:725) explain descriptive research as a style of research that typically contains accurate portrayals of peoples' circumstances or characteristics, and the frequency with which the phenomena as a main objective occurs.

In this study, the researcher has, in consultation with the supervisor and facilitator, attempted to provide a rich description of the viewpoints of the adolescent males regarding the use of cannabis in Kimberley.

2.15 CONCLUSION

In this chapter, the researcher discussed the research purpose of the study, research design, data collection, trustworthiness, the ethical considerations and data analysis. The findings of the study will be discussed in the next chapter.

CHAPTER 3

RESEARCH RESULTS AND DISCUSSION

3.1 INTRODUCTION

In Chapter 1 the research problem was outlined, and the rationale and overview of the topic were discussed. Chapter 2 provided a detailed description of the research design, the methodology, trustworthiness and the ethical considerations that was followed. In Chapter 3 data collected during focus group interviews, audio tape recordings and field notes are presented. This data will be discussed and evaluated in the context of the relevant literature in this chapter.

The research is about the adolescent males of a certain school in Kimberley which were seen by the researcher to be smoking dagga after school in the park, wearing their school uniform. Dagga is known to have negative physical and mental effects that could be detrimental to the adolescent males' health (Lubelwana & Kirimi, 2007:12).

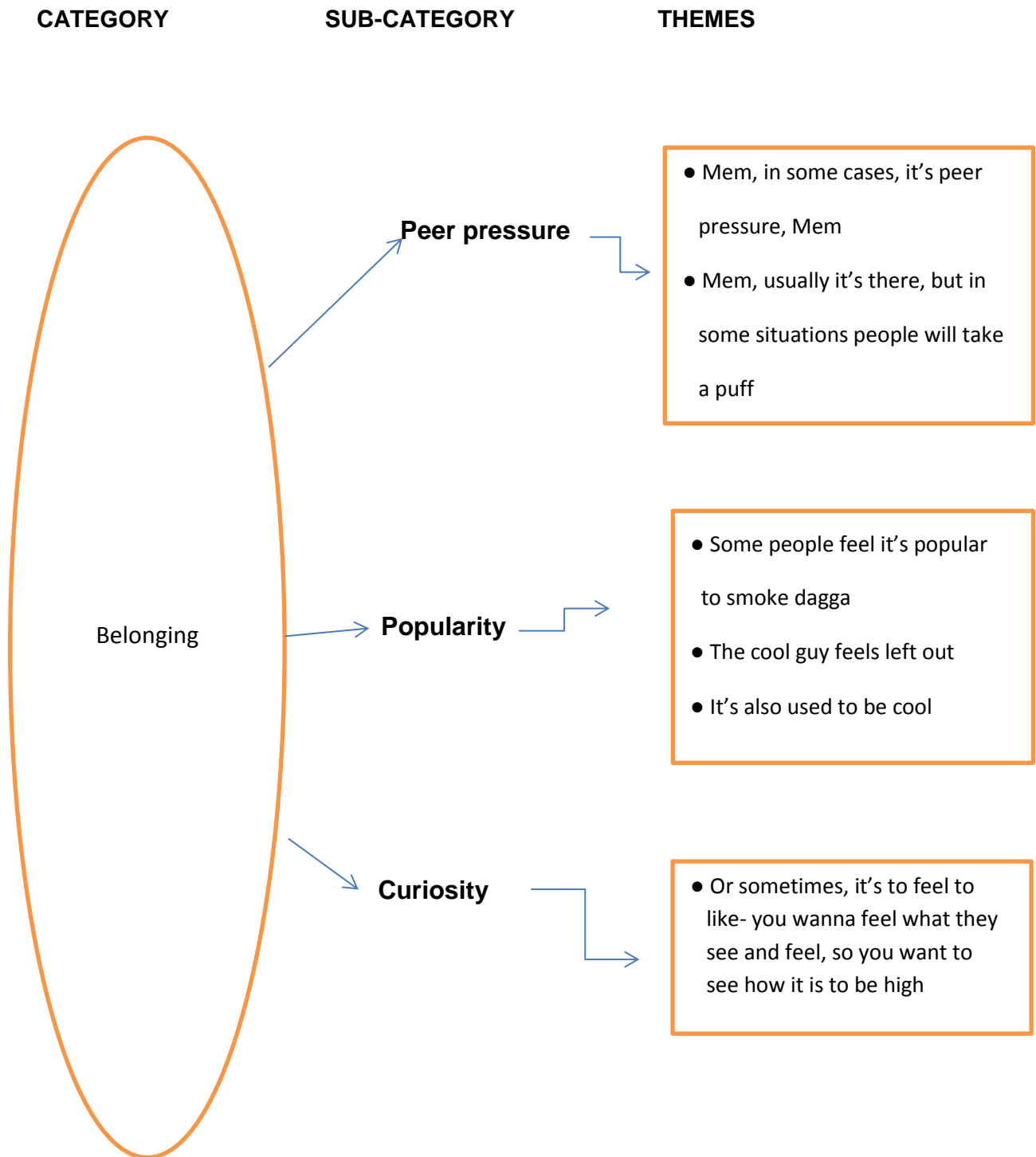
The central question as presented to the participants at the beginning of each focus groups interview was as follows: **“Please discuss your thoughts and feelings about the use of dagga”**.

3.2 CATEGORIES AND SUB- CATEGORIES

During the focus groups interviews (data collection), the researcher and co-coder came up with four categories and sub-categories under each theme. Category one was about “Belonging”. Category two was about “The belief system”. Category three included “The harmful effects of dagga”, while Category four was a “Miscellaneous category”.

A SUMMARY OF THE CATEGORIES, SUB-CATEGORIES AND THEMES

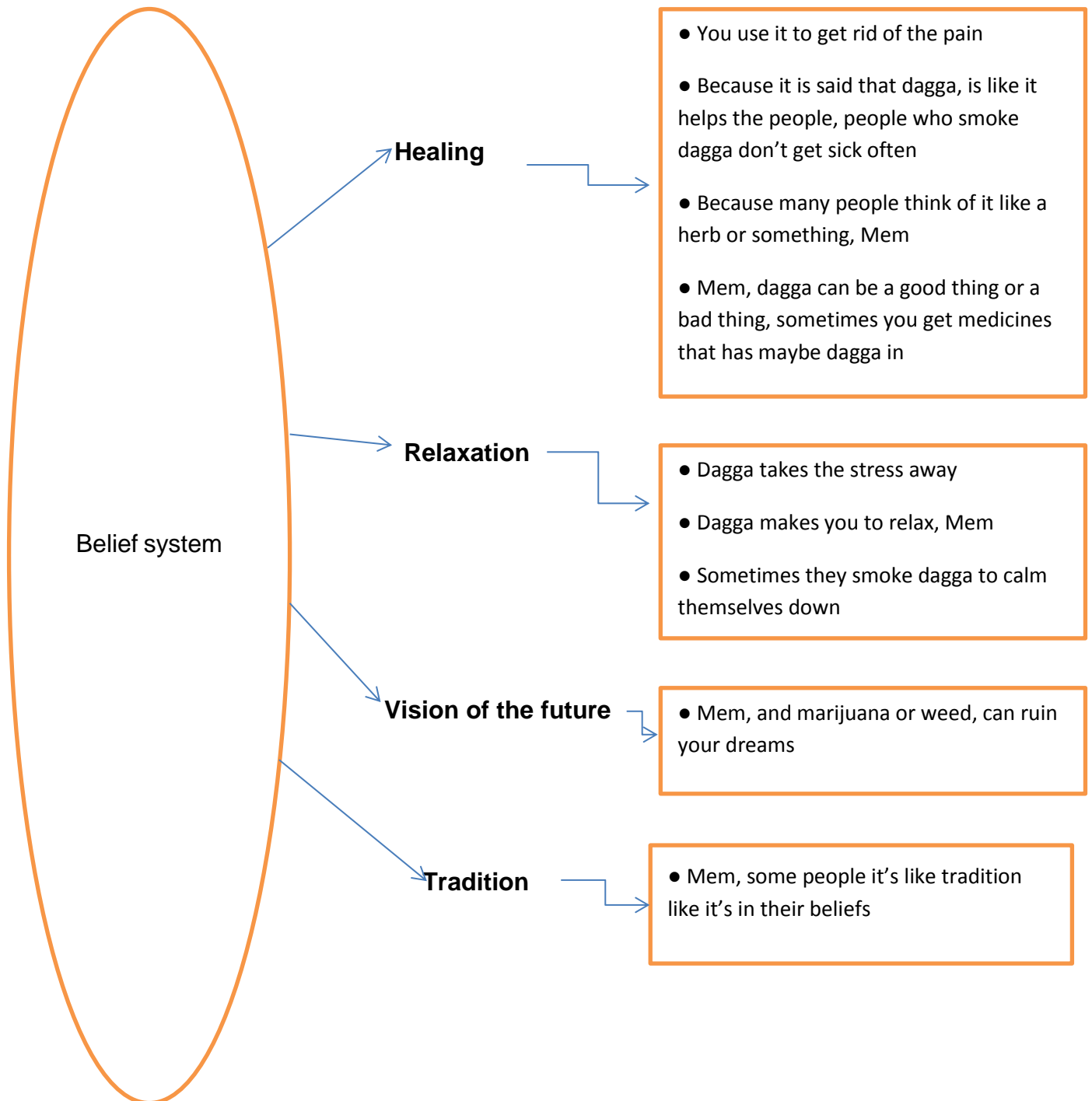
(Please refer to Annexure J for a more comprehensive description of the categories, sub-categories and themes).

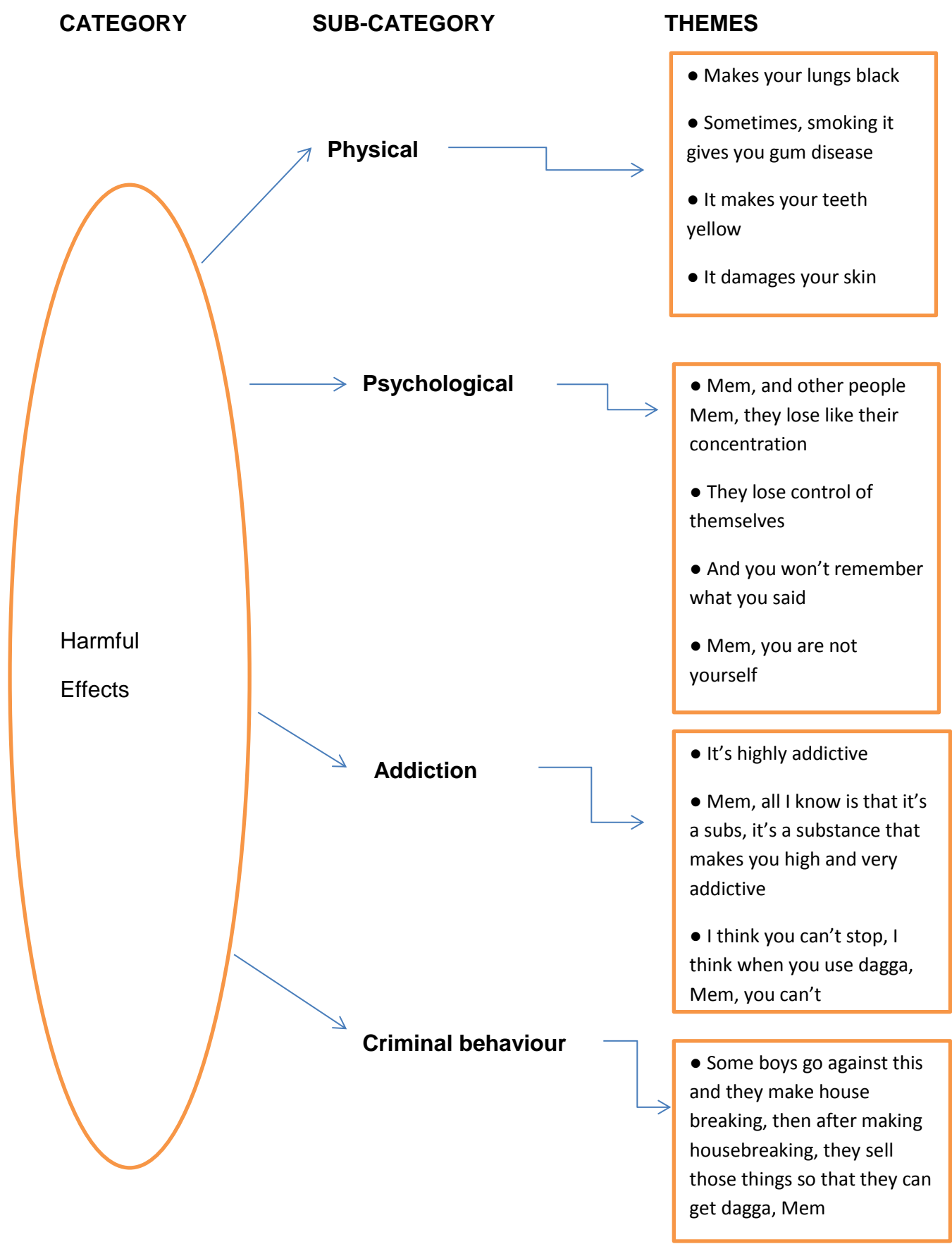


CATEGORY

SUB-CATEGORY

THEMES

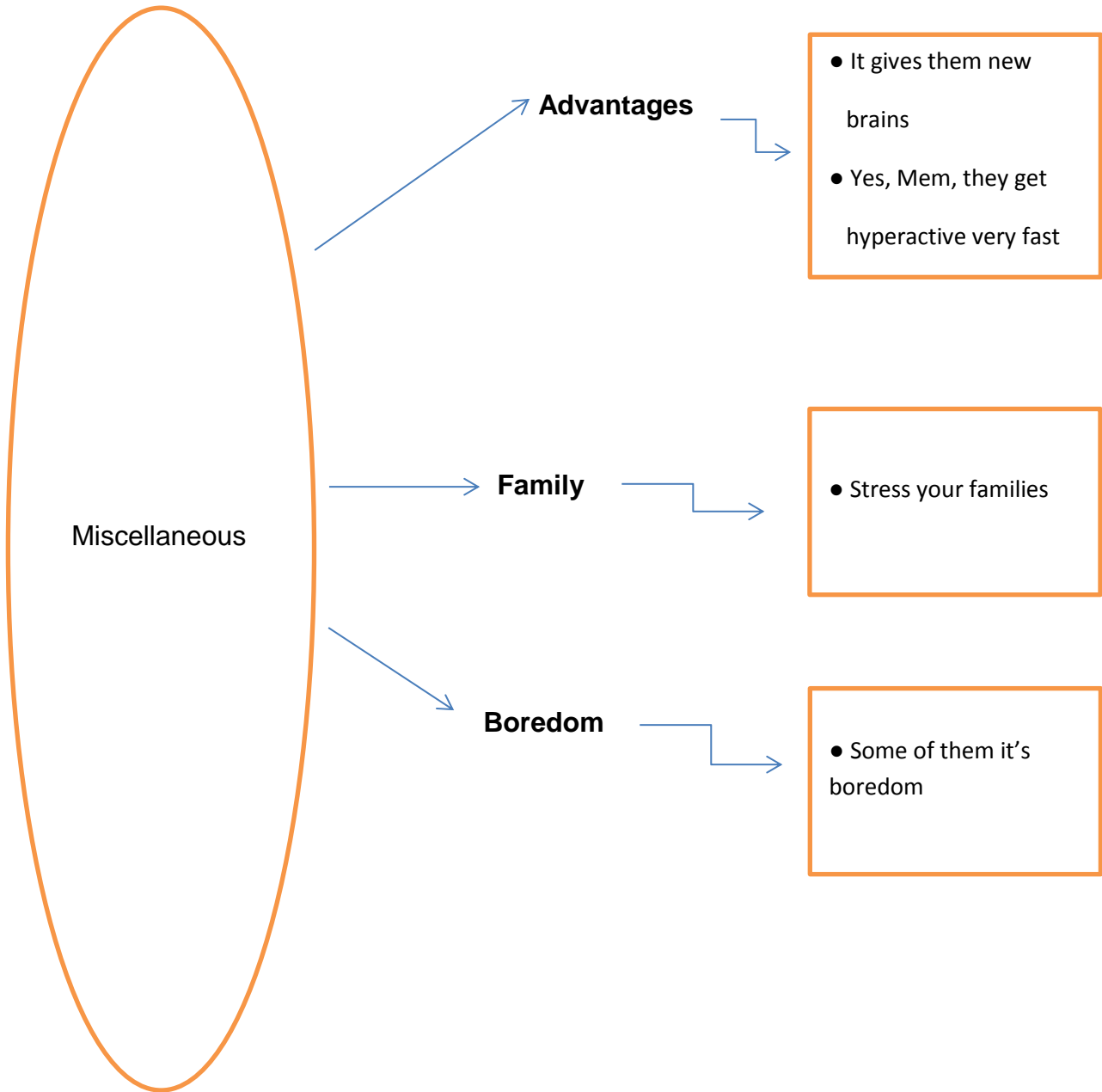




CATEGORY

SUB-CATEGORY

THEMES



3.3 DISCUSSION OF THE RESULTS

The categories and sub-categories identified in the results will be discussed below, in the same order as tabulated in the diagrams.

3.3.1 CATEGORY ONE – BELONGING

Belonging is described as being part of a certain group type. In this study it will be stated that adolescent males that are in the same group of friends, are popular with one another, attend the same school or church, have the same style of dressing and share the same practices, e.g. drama, singing and dancing, “belong” together (Oxford Advanced Learners’ Dictionary, 2010:124). Macmillan English Dictionary (2012:Online) explains belonging as feeling safe and happy in a certain place with a particular group of people, so adolescent males feel that they belong to a certain group of people.

The adolescent males expressed their own views as follows:

(The researcher wishes to point out to the reader that quotes from the interviews are the exact words of the participants, without any corrections. The quotes were only edited where the language may obscure the meaning).

3.3.1.1 Peer pressure

A peer is a person who is in the same age group, with similar social attributes, who has the same influence on the friends, e.g. the adolescent males who attend the same school, church, who belong in the same group of friends (Oxford Advanced Learners’ Dictionary, 2010:1074). According to the Macmillan English Dictionary (2012:Online), peer pressure is described as the influence that people from a social class or age group have on the way a person dresses, walks and behaves, e.g. the adolescent males dress, talk, walk and behave in the same way as the each other.

“... And peer pressure ...”

“... Mem, you find that other people like peer pressure, Mem, some of them when the whole group smokes, Mem, and then what is left out, Mem, they gonna try to ... let him also take one ...”

“... And, Mem, sometimes people also just smoke weed, because they see the friends are smoking weed, and they won't stop until the friend stops and also the other thing is that their friend don't stop because they don't stop ...”

“... Mem, I have friends, Mem, they use dagga because like they dagga like makes them feel high and nice ...”

Peer pressure groups and friends play a significant role in the interest that the adolescents show in cannabis and its abuse (Du Toit & Van Staden, 2010:205). The mere involvement in a peer group in which the use of cannabis is approved practically guarantees that an adolescent himself will use cannabis. Pressure and temptation from the peer group can influence the adolescent male to behave in the same way as the group, by using cannabis (Du Toit & Van Staden, 2010:206). In a study that was done on fifteen year olds in 30 countries by Ter Bogt, De Looze, Molcho, Godeau, Hublet, Kokkevi, Kuntsche, Gabhainn, Fanelic, Simons-Morton, Snitzman, Vieno, Vollebergh & Pickett (2013:277), the results state that the adolescent males reported to have had an increased usage of cannabis, when they had increased peer interaction. They subsequently had more evenings out with friends, they used electronic media communication more often, and their families had a lower level of influence on them. Mathys, Burk & Cillessen (2013:520) states that peer socialization is more important in cannabis use, than it is for tobacco use.

In a study by Gervilla, Cajal and Palmer (2011:370), the results indicate that the influence of cannabis usage in the group of adolescents increases, as the number of friends who consume cannabis rises. The adolescent males reported that for every night they went out with their friends during the week, more 'joints' were smoked per week. It was also easier for them and their

friends to have access to cannabis. The adolescents stated that their friends did not break, burn or damage other peoples' property when they had consumed cannabis.

3.3.1.2 Popularity

Popularity is described as the state of being favoured or followed by a group of people, e.g. adolescents who follow their leaders (Oxford Advanced Learners' Dictionary, 2010:1127). According to the Macmillan English Dictionary (2012:Online) popularity is described as a situation in which someone is favoured by many people, i.e. adolescent males being friendly with and favoured by their peers.

“... Sometimes in the form of peer pressure to make sure that people knows you as this cool guy, who does this cool staff, and to make sure you don't lose your reputation ...”

“... Jiffie, they try to make it cool ...”

“... Some people use it to be cool ...”

“... If you are a cool guy and you wanna stop, people are gonna ...”

“... You gonna lose your reputation, ja ...”

Adolescent males have a need to belong to a certain group of adolescents by being with the “in-group”. They give in to peer pressure, have the same activities, shares similar likings and beliefs, dress the same and use cannabis for recreation (Bezuidenhout, 2011:76). In a study by Mathys *et. al.*, (2013:514) it was found that the popular adolescents were at risk of adopting the cannabis abuse behaviour of their friends in order to remain popular. Mathys *et. al.*, (2013:520) also states that popular friends were more likely than the less popular adolescent males to select friends with regular cannabis usage. The popular adolescent males had more friends' nominations and they in turn nominated fewer friends than those who were less popular. The most popular adolescent males did not select friends who had the same level of

popularity, but opted for friends who had less popularity so as to remain liked and favoured by their peers.

3.3.1.3 Curiosity

Curiosity is described as a strong need to know about something, e.g. the adolescent male has got a strong feeling to know what it is like to be high, what people experience and what people do when they are high, (Oxford Advanced Learners' Dictionary, 2010:359). Macmillan English Dictionary (2012:Online) explains curiosity as a need by a person who wants to know about something for no apparent reason.

“... Mem, but sometimes it's – if you see people smoking then you also want to try it out ...”

“... Like you don't wanna go permanent, you say I only live once and you try it out ...”

“... They want to experiment, that's my thoughts they want to experiment instead of just doing one thing with the, with the just water and oka pipe and people add also alcohol to that – it's my experience ...”

The adolescent males want to experiment about how to be an adult by smoking cannabis. They satisfy their curiosity by using cannabis and proving that they too can be socially competent when they have smoked cannabis, just like some adults do (Bezuidenhout, 2011:76). These adolescents are more likely to abuse cannabis if their parents use it regularly, as some adolescents may think that if their parents use cannabis, then it means that it is something acceptable (Bezuidenhout, 2011:77).

3.3.2 CATEGORY TWO – BELIEF SYSTEM

Belief is described as having a feeling that something is good or right and therefore doing that thing in a certain way (Oxford Advanced Learners'

Dictionary, 2010:122). Macmillan English Dictionary (2012:Online) describes belief as thinking that something is real or true, e.g. adolescent males have the mistaken belief that cannabis smoking is a good practice and that it is not an addictive drug.

3.3.2.1 Healing

Healing is described as the processes of making someone feel well again, e.g. a mother may give her adolescent herbal medication in order to cure an ailment like flu (Oxford Advanced Learners' Dictionary, 2010:690). According to the Macmillan English Dictionary (2012:Online), healing is explained as a method in which a person is believed to be able to treat diseases by means of using special treatment or herbs.

“... I believe Mem, from different types they get, they can heal different illnesses, from the different types of dagga ...”

“... Mem, I also found like that artist, Mem, they also smoke weed for their vocal cords, Mem it helps them or I heard it helps them to sing better ...”

“... They say it helps with cancer, Mem, if you use it ...”

“... Dagga helps in treating diseases like strokes ...”

“... To get rid of the feelings of abandonment ...”

“... Mem, I also found out that some people like use weed like as medicines ...”

“... Yes, Mem. The people belief that if dagga was legalized in all these medical things, like they don't legalize it 'cause all these chemist shops and staff will also shut down ...”

According to a study done by Morgan, Noronha, Muetzelfeldt, Fielding & Curran (2013:502), the results indicate that the benefits of cannabis use by the adolescents were associated with decreased anxiety, relief from physical pain and illness. In a study done on a group of patients seeking medical cannabis

certification by Ilgen, Bohnert, Kleinberg, Jannausch, Bohnert, Walton & Blow (2013:654–549), there were first time cannabis users as well as repeat cannabis using patients. The returning cannabis certification patients (old cannabis users) reported to have decreased current pain levels with increased mental health and physical functioning, as compared to the first time users. A study done by Johannigman & Eschiti (2013:360–362) on the medical use of cannabis in palliative care, states that cannabis was reported to provide pain relief to patients in palliative care.

According to a study that was done by Mello (2013:659–666) many countries tolerate private cannabis use. Furthermore, many countries such as the United States have passed laws regarding medical cannabis use. To date, there are employees, in those countries who have medical conditions, who have been recommended the use of cannabis for relief. The 2013 study done by Matson, Grady, Navhi, Merenstein, Weber, Greenblatt, Burian, Wilson & Tracey (2012:618–626) on medicinal and recreational cannabis use among HIV infected women produced results that the women reported a high incidence of less medication side effects related to the use of anti-retroviral therapy. Daily cannabis use was monitored and its consumption doubled from 3.3% to 6.1% in 51% of the women. These women reported an increased appetite, relaxation and reduction of HIV related symptoms. Daily cannabis use was reported to increase the CD4 cell count, and the quality of life was higher.

3.3.2.2 Relaxation

Relaxation is described as a form of resting and enjoying one, i.e. the adolescent males relax with their friends, listening to music (Oxford Advanced Learners' Dictionary, 2010:1230). Macmillan English Dictionary (2012:Online) describes relaxation as a situation that enables a person to rest and enjoy oneself.

“... Mem, you feel all those kind of things, you feel alone and abandoned and it makes you go for it more, Mem ...”

“... People smoke weed because they want to get away from the pain, or when they are pressed ...”

“... Mem, some people also beliefs that dagga eases your pain, like there's a situation at home, maybe you just fought with your mom, and you'll go and smoke it ...”

“... And stress, it takes away stress ...”

“... Mem, I think that they use dagga, Mem, stress, Mem ...”

According to Bezuidenhout, (2011:75), adolescents who grow up in a physical environment with no recreational facilities may resort to abusing drugs such as cannabis. This statement is further supported by Maclean, Kutin, Best, Bruun & Green (2014:20), in their study in Australia on the risk profiles of early adolescents who regularly use alcohol and other drugs compared with older youth. The results of the study indicate that adolescent males admitted to have used cannabis and alcohol between the ages of thirteen to fifteen years. The participants stated that they had very few recreational opportunities that did not involve smoking cannabis, so consumption of cannabis was seen as a means to decrease boredom, in order to make their social gatherings more enjoyable.

The Children's Act (Act 38 of 2005:92-93), states that the appropriate adolescent developmental programmes should be clustered in such a way that each day offered different and creative activities in order to avoid boredom. The programmes should provide the adolescents a right to leisure, and rest in a stimulating environment.

3.3.2.3 Vision of the future

The future is described as the era that may come after the present, e.g. the adolescent males in Kimberley have the vision that in future, more adolescents

will drop out of school as a result of the usage of cannabis (Oxford Advanced Learners' Dictionary, 2010:608).

“... Destroys your dreams ...”

“... Uhm, the use of dagga, Mem, it's like starting to destroy the youth of South Africa, because many children are using dagga and they leaving school ...”

As substance abuse, particularly cannabis usage is on the increase amongst the adolescents, the Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008:14–15) states the following interventions should be applied to decrease cannabis abuse:

- The adolescent males should be discouraged to start using/abusing cannabis
- The adolescent males who are found to be using cannabis should be treated holistically, e.g. physically, socially and psychologically by the medical team
- The community at large should be encouraged to stop those individuals who are producing and selling illicit substances like cannabis to the adolescents. Such people should be reported to the police

Vasuthevan and Mthembu (2013:173–174) state that adolescence is the transitional period in which a juvenile develops into an adult. The transitional period involves social, biological and psychological changes which are accompanied by a lot of problems. The most frequent problem which the adolescent male experiences is abusing cannabis and other illicit substances. Therefore, a whole lot of adolescent programs should be available in the community e.g. School Health Services, Primary Health Care Clinics and youth organizations like “Love Life” and “Ke Moja” which offers counselling services to the adolescents. Vasuthevan and Mthembu, (2013:174) reported that the National Friendly Clinic Initiative, co-ordinated by the University of the Witwatersrand Reproduction Health Research Unit, Love Life and the Chris

Hani Baragwanath Hospital, that was introduced in 1999, and has expanded to about 350 clinics in 2005; published a list of health rights which the adolescents are entitled to. These rights could be used as guidelines to envision the future:

- The right to privacy at a healthcare facility
- The right to be assured that the information given will remain confidential
- The right to be treated by a qualified, knowledgeable, named provider
- The right to be treated with respect and dignity at a healthcare centre, irrespective of the adolescent's diagnosis
- The right to feel safe in a health care environment (Vasuthevan & Mthembu, 2013:174).

The families of all the adolescents should be educated about the early warning signs of cannabis abuse, as well as the proper referral channels in order to treat potential harmful signs before the onset of more serious symptoms (The Prevention Of And Treatment For Substance Abuse Act; Act 70 of 2008:17). The families should also be given information on any available resources that can be used in times of need, e.g. Primary Health Care Centres, Social Workers, Psychologists and Psychiatrists. The program of the Local Action Drug Campaign could be practised in each and every community, with the necessary training accredited to a community facility. Treatment facilities as well as halfway houses should be put in place for the abusers and should be given the necessary licensing if they conform to the set criteria of the Prevention Of And Treatment for Substance Act (Act 70 of 2008). Those adolescent males who were using cannabis should be admitted to the treatment centre or halfway house on a voluntary or compulsory, legal basis. After the necessary treatment for the adolescent male and their families, re-integration into the adolescent males' community must be encouraged by means of forming support groups in order to prevent the adolescent having a relapse (Children's Act; Act 38 of 2005:100).

The 2013 study, completed over a two year period on cannabis use and family history in adolescent (first episode psychosis) in Durban, by Paruk, Burns & Caplan, (2013:61–68) suggest a high prevalence of cannabis consumption in adolescents with a first episode psychosis, and indicates that the community health programmes should be very concerned about attending to the cannabis abuse in the adolescents, as it is on the increase. The 2010 study done by Paruk, Ramlall & Burns (2010:87-88) on adolescent-onset psychosis, indicated that 80% of the patients were male, 61.4% reported cannabis use while only 37.1% of the adolescents reported a positive family history of mental disorder. On admission, the patients were hospitalized for 27.8 days, the common diagnosis being schizophrenia. The first out-patient appointment after discharge was missed by many of the adolescents, resulting an acute need to develop specialized out and in-patient facilities for the adolescents, as well as ways of addressing their non-compliance to treatment.

3.3.2.4 Tradition

A tradition is a belief, or a certain way of doing things/something that has existed for a long time among a certain group of people, e.g. in a cultural or religious group (Oxford Advanced Learners' Dictionary, 2010:1569). Macmillan English Dictionary (2012:Online) explains tradition as people who practise old customs and beliefs in a similar way, e.g. adolescent males gathering together at a birthday party, eating and dancing with one another.

“... They believe that when you smoke dagga, you get high and you are closer to God ...”

“... But, Mem, sometimes like there are from your family, Mem, when someone in your family like smokes it ...”

According to a 2010 study from the Eastern Cape Province regarding the knowledge, attitudes and behaviours of adolescents in relation to sexually transmitted infections, pregnancy, contraceptive utilization and substance

abuse among adolescents the results indicate that adolescents are more likely to engage in high risk behaviour when they were under the influence of cannabis and alcohol. The participating adolescents admitted that they mostly used cannabis during the holidays and at the traditional ceremonies. Some of the adolescent males admitted that about 4% of adolescents had used dagga on the school premises, (Bana, Bhat, Godhwana, Libazi, Maholwana, Marafungana, Mona, Mbonisweni, Mbulawa, Mofuka, Mohlajoa, Nondula, Qubekile & Ramnaran, 2010:1-2).

According to a study done in the United States of America, adolescents reported that the use of cannabis was more common when the parents themselves approved and abused cannabis, which would then be easily accessible to the adolescents (Steen, 2010:367).

The Children's' Act (Act 38 of 2005:92) states that there should be developmental programmes available to adolescent males, especially during the school holidays to prevent adolescents, boredom. These developmental programmes should respect the culture, dignity, and language of each and every adolescent.

3.3.3 CATEGORY THREE – HARMFUL EFFECTS

Harmful is described as something that is likely to cause damage or injury to the person's health (Oxford Advanced Learners' Dictionary, 2010:682). Macmillan English Dictionary (2012:Online) explains harmful as something that can cause harm to a persons' body, e.g. cannabis can cause serious harm or damage to the adolescent's mind and body.

3.3.3.1 Physical

Physical is explained as something that is associated with a person's body (Oxford Advanced Learners' Dictionary, 2010:1092). According to the

Macmillan English Dictionary (2012:Online), physical is explained as something that is related to a person's body, that one is able to see and touch e.g. the adolescent males state that those adolescents who smoke cannabis age much quicker, and that their faces become wrinkled.

"... Stress your lungs ..."

"... Damage your lungs ..."

"... Mem, you won't recognize them after a long time of smoking it, they change, Mem, physically ..."

"... The person who smokes weed, you can see them ..."

"... Their lips are black ..."

"... Their faces get wrinkles ..."

"... They are old ..."

"... And they age Mem, they age quicker ..."

"... And this, Mem (shows with hands below the eyes), tea bags. I don't know what they call them, Mem, (thickened eyelids) ..."

"... Mem, and when you smoke, you become thin ..."

"... And those boys are, they very, they very thin, Mem those who smoke dagga ..."

"... Second hand smoking, it can do as much damage as the person smoking it ..."

"... Mem, I heard that dagga can, it can also damage like your family in the long run, like maybe in the future, you – maybe you smoke now as a child, but it can like damage your future like your kids with the semen, your semen might have ..."

"... Mem, I noticed, Mem, after they smoke they go eat a lot at home and that's what our parents say, Mem, when you eat like a lot, and the parents say "hey, are you smoking dagga?"

Research has shown that adolescents who use cannabis are less concerned about the intake of nourishing food. This behaviour leads to malnutrition, which has an adverse effect on the person's health. Those adolescents, who do not

have adequate nourishment, tend to suffer from infections and are more prone to diseases (Bezuidenhout, 2011:138). Adolescents who use cannabis also experience breathing problems in the long run; they might therefore need assistance to breathe in their older age. The mortality figures among cannabis users is higher if compared to the non-cannabis user. Cannabis users runs the risk of having tuberculosis and Chronic obstructive airway disease (Du Toit & Van Staden, 2010:207). Smoking cannabis is associated with many extremely dangerous conditions of the body, for example carcinoma of the lungs and of the nose (Vasuthevan & Mthembu, 2013:198).

Cannabis usages increase the likelihood that the South African adolescents will engage in risky sexual practices, which could predispose the adolescents to an unplanned pregnancy, or contracting HIV/AIDS if they are sharing needles and syringes. The use of cannabis affects the adolescents' sense of judgement, they often cannot remember what they did when they were high (Jenkins, 2009:1–2). The study by Bana *et. al.*, (2010:158) states categorically that teenage pregnancy causes adolescents to drop out of school, causing a disruption in their education.

A study done by Fakier & Wild (2011:717–726) regarding the relationship between health difficulties, sleep problems and substance use in adolescence. The results of the study indicated that those adolescents who had learning problems, often had more sleep problems than those without learning problems; and that adolescents who had sleep problems most often used cannabis and other illegal substances. The study by Rantao and Ayo-Yusuf (2012:124–133) on dual use of cigarettes and smokeless tobacco among South African adolescents showed that while 11.4% of the participants used smokeless tobacco, 55.2% of the smokeless tobacco (snuff) participants also smoked cigarettes (dual users). The dual users were more likely to engage in the use of alcohol, smoking cannabis and were vulnerable to depression.

3.3.3.2 Psychological

Psychological aspects are associated with a person's mind and the way in which it works (Oxford Advanced Learners' Dictionary, 2010:1172). Macmillan English Dictionary (2012:Online) explains "psychological" as those things that affect a person's mind, e.g. cannabis abuse alters the minds of the adolescents, such as making them more prone to accidents.

"... Mem, they lose their concentration because they thinking of one thing and after smoking dagga ..."

"... Your legs are cut off, it's like your legs are cut off ..."

"... Your brain is somewhere else ..."

"... You see things ..."

"... You also hear things, Mem ..."

Van Gastel, Tempelaar, Bun, Schubart, Kahn, Plevier & Boks (2013:1853) investigated how cannabis use was related to psychosocial functioning. The results showed that the adolescent males, who had poor psychosocial functioning, were most often associated with cannabis use before the age of sixteen years. These adolescents often experienced stress and tension. In order for them to create an artificial sense of well-being, they believed that cannabis offered a quick refuge from the realities of life. Adolescents who are most at risk of smoking cannabis are those with low self-esteem, those that are depressed and those with a family history of cannabis abuse (Bezuidenhout, 2011:76).

A study done in France, focusing on the relationship between perceived stress and cannabis abuse, states that cannabis usage not only assists stress management during stressful periods, but also non-verbally expresses to other adolescents that the adolescent who is using cannabis is stressed (Tavolacci, Ladner, Grigioni, Richard, Villet & Dechelote, 2013:5).

The study done by Bonn-Miller, Boden, Bucossi & Babson (2014:23–30), on self-reported cannabis use characteristics; the participants who reported cannabis use as extremely helpful among patients also reported cannabis usage helpful for social anxiety reasons. The results of a study done in Sydney by Newton, Harvard & Teesson, indicated that adolescent males aged between twelve and fifteen years stated that they have used cannabis for relief of psychological distress (2012:264). In 2014, a study done by Hurd, Michaelides, Miller & Jutras-Aswad (2014:419) regarding the trajectory of adolescent cannabis use on addiction vulnerability, revealed that those adolescents who use cannabis generally experience apathy, have a loss of goal – motivated behaviour; were aggressive, impulsive and experienced a negative mood state. Young cannabis dependent adolescent males, who do not have a long history of cannabis consumption, also show high depression and anxiety traits. The adolescent males may have used cannabis as self-medication, which eventually led to addiction. Cannabis use may itself increase drug addiction and psychiatric disorders.

The study done in Chicago by Schuster, Mermelstein & Walkschlag (2013:1199), the data shows that higher depressive symptoms were largely associated with adolescents having different sexual partners and a more frequent use of cannabis by adolescent males. Adolescents who use cannabis tend to cause more car accidents than non-cannabis users, because their brain cells may have degenerated as a result of cannabis usage (Du Toit & Van Staden, 2010:207).

The Children's Act (Act 38 of 2005:92) states that the emotional needs of the adolescent must be addressed, that adolescents must be encouraged to express their emotions in a safe, supportive environment towards people who they feel comfortable with.

3.3.3.3 Addiction

Addiction is described as something that makes people unable to stop using it, e.g. the adolescent male who is addicted to using cannabis (Oxford Advanced Learners' Dictionary, 20:17). Du Toit & Van Staden (2010:204) explain addiction as a person who uses cannabis continuously and excessively, resulting in the craving to continue with this practice as abusing cannabis becomes desirable to him. Vasuthevan and Mthembu (2013:215) refer to cannabis addiction as a chronic, relapsing brain disease that leads to compulsive cannabis seeking and usage, despite its harmful results to the individual. This addiction is also referred to as a brain disease, as the abuse of cannabis leads to changes in the brain structure and its functions

“... Uhm, the use of dagga, Mem, it's like it's starting to destroy the youth of South Africa, because many children are using dagga and then they leaving school, because they are addicted and start stealing from their parents just to buy eh the marijuana and all that ...”

“... There are also people, Mem that want to stop using dagga, but they say it's addictive, Mem ...”

“... Mem, you always get very hungry Mem, when you travel long kilometres to uh get dagga, when you addicted and really don't get it, you get creeps ...”

Addiction to cannabis is intensified because adolescents become physiologically and psychologically dependent on cannabis. When the adolescent withdraws from using cannabis, he can experience physical and psychological reactions that will differ from person to person. Some adolescents may be restless with insomnia; while some may become depressed. The physiological reaction can be so intense, that it may even lead to death (Bezuidenhout, 2011:132). Adolescents who abuse cannabis give many reasons for abusing it, e.g. they may either have too little or too much

money, or feel depressed most of the time, but want to feel cheerful (Du Toit & Van Staden, 2010:205).

3.3.3.4 Criminal behaviour

A criminal behaviour is described as somebody who commits activities that contravenes the law (Oxford Advanced Learners' Dictionary, 2010:347). According to the Macmillan English Dictionary, (2012:Online) criminal behaviour is explained as someone who commits illegal acts, i.e. the adolescent male who is high as a result of cannabis consumption who damages the property of others.

“... And I will also say Mem, for a person who has been smoking weed, Mem, like they will do whatever they will just to get enough money to go buy weed, even if they have to steal, or some people are so desperate that they will kill someone just to get dagga ...”

“... Uhm, the use of dagga, Mem, it's like it's starting to destroy the youth of South Africa, because many children are using dagga and then they leaving school, because they are addicted and start stealing from their parents just to buy eh the marijuana and all that ...”

According to Bezuidenhout (2011:88–89), adolescent males are more likely to abuse cannabis and contravene the law. Adolescent males may continue using cannabis until they are punished or even arrested by the police. These adolescents may be expelled from their schools, with negative consequences for their future, thus increasing the growth of gangster rate in the townships. The adolescents who are using cannabis may form gangs in their communities, while their former friends and the public will not feel safe walking in their areas, especially at night, for fear of being stabbed, raped or robbed of their possessions. Crime, such as housebreaking, becomes rampant among adolescents who are using cannabis (Jenkins, 2009:2). In a study by Young (2014:109) the results show that there was a strong correlation between

adolescent males who use cannabis and resort to fighting and damaging property afterwards.

The study by Green, Doherty, Stuart & Ensminger (2010:120) on whether heavy adolescent marijuana use could lead to a criminal involvement of adulthood indicates that heavy adolescent cannabis users were much more likely to come into contact with the justice system at a younger age, as a result of violence and damage to property. It is also stated that the heavy cannabis users were mostly arrested two to three times for the crimes that they commit, as well as for dealing in drugs (Green *et. al.*, 2010:121). The study done on cannabis abuse and criminal thinking by Walters (2012:509), confirms that there is a correlation between adolescent males who have criminal thinking and a history of cannabis consumption. Cannabis abuse may intensify the impulsivity and irresponsible features of criminal thinking, which negatively affects the decision making functions of the adolescent males.

A study done by Pahl, Brook, Morojele & Brook (2010:101–109) on the relationship between nicotine dependence and the problem solving ability of urban South African adolescents, indicates that elevated levels of nicotine dependence predicted higher levels of deviant violent behaviour, binge drinking, the abuse of cannabis and other illicit drugs, as well as the adolescents developing conflict with their parents.

The Children's Act (Act 38 of 2005:93) states that the adolescents who are found to have contravened the law, must be placed in special therapeutic programmes, where the adolescent male will feel emotionally and physically safe in that environment, and that all the information that they give should be kept confidential, e.g. place of safety or a secure care facility. Such adolescents should also be allowed to attend school while they are placed in those programmes. According to Section 28 of the Constitution (1996), detained adolescents should be kept separately from the other persons, and

they should have a legal representative assigned to them, as appointed by the government.

3.3.4 CATEGORY FOUR – MISCELLANEOUS

Miscellaneous is described as something that consists of different kinds of things that are not easily connected to each other, e.g. the sub-categories in this category are different and do not fit into any other category (Oxford Advanced Learners' Dictionary, 2010:938). According to the Macmillan English Dictionary (2012:Online), miscellaneous is described as something or someone that has different kinds of things, e.g. the adolescent males will have different types of friends, as well as different types of activities which they undertake on a daily basis.

3.3.4.1 Advantages

Advantage is explained as somebody who uses something in a bad situation so that it can help him, e.g. the adolescent males who use dagga in order to assist them relieving the symptoms of their ailments like colds and flu (Oxford Advanced Learners' Dictionary, 2010:21). According to the Macmillan English Dictionary (2012:Online) advantage is described as something that makes something more successful than others, e.g. the adolescent males states that the use of cannabis gives them energy and “new brains”.

“... You feel free ...”

“... Yes, Mem, and some of the boys, they say Mem, when you smoke dagga Mem, you when you study, Mem, you learn very quickly, Mem ...”

The study by Carhart-Harris & Nutt (2013:325) on experienced drug users was done to assess the relative harm and benefits of such drugs. The results of the study indicated that eighteen out of thirty two respondents mentioned that

cannabis usage had more benefits than harm. Cannabis is said to help alleviate pain, anxiety and sleep. Cannabis is often used as a stress reliever.

3.3.4.2 Family

Family is described as a group of parents who are living with their children or relatives (Oxford Advanced Learners' Dictionary, 2010:530). Macmillan English Dictionary (2012:Online) explains family as a group of people who stay together, or who are related to one another, e.g. the adolescent males who are staying with their parents and siblings.

“... But, Mem, sometimes like there are from your family, Mem, when someone in your family like smokes it ...”

According to Ter Bogt *et. al.*, (2013:281), family affluence was a positive indicator of frequent cannabis consumption, but cannabis usage is now reported to being a more common practice amongst adolescents from less affluent families. The study by Schuster *et. al.*, (2013:1203) states that if parents had more firm rules for their adolescents, then these adolescent males would have less frequent use of cannabis, as they would not have the time for drug abuse.

The study by Proal, Fleming, Galvez-Buccollini & Delisi (2014:286) aimed at determining whether relatives of adolescents who use cannabis have a higher risk for developing schizophrenia, bipolar conditions, depression and drug abuse due to an increased genetic risk for the disorders, irrespective of cannabis consumption. The results of the study states that the relatives of cannabis using adolescents do have an increased risk of developing depression.

3.3.4.3 Boredom

Boredom is explained as a state of feeling tired, lazy and short tempered as a result of having nothing to do (Oxford Advanced Learners' Dictionary, 2010:161). Macmillan English Dictionary (2012:Online) explains boredom as a state of being bored by having nothing to do, i.e., the adolescent males state that they are bored as they have nothing to do. The environment in which they live does not have games and youthful activities that can keep them busy.

“... And people who don't do any extra murals that stay at home and staff, they have all the time, they have all the time in the world to go to the dealers ...”

The study by Sharp, Coffman, Caldwell, Smith, Wegner, Vergnani & Mathews (2011:344) states that boredom has been labelled as one of the biggest threats in cannabis abuse. Adolescent males who experience leisure boredom are at risk of delinquency and cannabis abuse. The adolescent males who abuse cannabis gives many reasons for this, they either have too much or too little money; they are either bored or have too much to do (Du Toit & Van Staden, 2010:205). According to a 2010 study that was done over a four week period in Cape Town; over a quarter of the adolescent males who were in grade 11 were reported to have used cannabis as a result of leisure boredom (Sharp *et. al.*, 2010:348). However, those adolescents who reported having had greater participation in healthy leisure practices like sport and youth programmes were reported to have had a decreased likelihood of using cannabis (Sharp *et. al.*, 2010:348).

According to the Constitution of the Republic of South Africa, (1996:11) everyone has a right to a conducive environment that is not harmful to their health, e.g. adolescents should not be exposed to using cannabis but should be kept busy with recreational activities in their communities like dancing, singing, drama, “Love Life” and “Ke Moja” youth programmes.

3.4 FIELD NOTES

Field notes were made during and after all the focus group interviews. These notes were divided into four categories, namely observational notes, theoretical notes, methodological notes and personal notes (Polit & Beck, 2012:548–549).

3.4.1 OBSERVATIONAL NOTES

The research was carried out on adolescent males as it was needed to elicit their viewpoints on the use of dagga in Kimberley. At first the adolescent males were a bit uneasy and not talking freely. Later on, after a lot of probing from the facilitator, they participated freely during the focus group interviews (Polit & Beck, 2012:549). The facilitator made the participants feel that their views were important and valued; it was also felt that it was important for the participants to share their viewpoints and perceptions on issues that touched their lives and experiences in their environment (Jankie *et. al.*, 2011:136). The participants asked the facilitator a lot of questions which were related to cannabis and substance abuse, which the facilitator responded to after the focus group interviews.

3.4.2 THEORETICAL NOTES

Four thematic categories were identified from the four focus group interviews (Polit & Beck, 2012:549). In the first category the participants had spoken about belonging. In the second category the participants' belief system became clear. The third category featured the participants' beliefs on the harmful effects of cannabis, while the last category was a miscellaneous category. The participants shared their knowledge, experiences and their viewpoints on the use of cannabis in Kimberley, which they indicated they had seen on television or read about, or even formed after seeing their neighbours abusing cannabis.

3.4.3 METHODOLOGICAL NOTES

During the initial phase of each focus group interview some participants responded hesitantly in the beginning, whilst other participants were more open to the discussion. The time scheduled for each focus group interview was between twenty five and forty five minutes. The entire set of focus group interviews were conducted at the school library (Polit & Beck, 2012:549). The other learners' (non-participants) were only allowed access to the school library after school to avoid interrupting the focus groups interviews. The researcher found it interesting to see how the participants behaved towards one another during the focus group interviews. Some participants were laughing and joking; other participants argued with one another and had fun during the course of the focus group interviews.

3.4.4 PERSONAL NOTES

The researcher was present throughout all four of the focus group interviews that were conducted regarding the participant's personal viewpoints regarding the use of cannabis by adolescent males. Some of the participants really touched the facilitator and the researcher's heart by their honesty in saying "... **Mem, the pressure is there – from our friends, to take one puff (of dagga), every day of my life...**", or "...**Mem, sometimes people use it to just get out of the situation that they are in...**"

The researcher felt sad and worried about the stories that were shared by some participants. It was evident that the participants were exposed to people that are abusing cannabis on a daily basis. The researcher became excited when the participants indicated that they knew of the dangers that were associated with cannabis abuse, and that they would not start using cannabis. Some participants also indicated that they would advise their friends and relatives who were abusing cannabis to seek medical assistance in order to prevent complications.

In the end, the adolescent males participated fully and gave their different comments as can be seen in Annexure I (Polit & Beck, 2012:549).

3.5 SUMMARY

A comprehensive amount of data was generated from the adolescent male participants after the question: **“Please discuss your thoughts and feelings about the use of dagga”**. After coding the data, four categories and sub-categories under each theme were identified; while the viewpoints of adolescent males regarding the use of cannabis in Kimberley were described and explored. A literature control was done to support the findings.

Field notes which included observational, theoretical, methodological and personal notes were outlined.

The next chapter, which is the last one, will discuss the prevention strategies, conclusions, limitations, recommendations and will conclude with a summary.

CHAPTER 4

SUMMARY AND CONCLUSION OF THE RESULTS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

4.1 INTRODUCTION

In chapter 1 an overview and the rationale of the research study was provided. Chapter 2 contains a description of the research design and methodology used in the study as well as the trustworthiness and ethical considerations. While chapter 3 reflects the data that was collected through focus group interviews and field notes. In this chapter (chapter 4), the results of the study will be concluded.

Under category 3.3.3 (the 3rd category), the participants' highlighted their knowledge of the harmful effects that cannabis has on an adolescent's body. Physical symptoms were mentioned; psychological symptoms were explained as when the adolescents' get high and are often not aware of their actions, which may lead to addiction or committing criminal activities. Therefore, any form of prevention strategies that will assist the adolescent males in using their time constructively, and not be tempted to use cannabis and other substances due to boredom, will form part of the recommendations.

4.2 SUMMARY AND CONCLUSION OF THE FINDINGS

The adolescent males who participated in this study in Kimberley had a lot of knowledge on the use of cannabis, as they had either seen their friends or relatives using cannabis, but none of the participants declared that they had used or were using cannabis, irrespective of what the researcher had previously seen personally.

After the data analysis was completed, four categories with various sub-categories and themes were identified. Belonging was identified in the first category. Under this heading, the following sub-categories were identified: Peer pressure, popularity and curiosity. Most of the participants stated that their friends had used cannabis as a result of peer pressure; they wanted to please their friends in order to become popular. The participants stated that being popular meant that you belong to a certain group of friends, who practiced the same habits and principles. Other participants stated that other adolescents used cannabis and other substances to satisfy their curiosity; they wanted to experience and feel what it was like to be high, as their friends did.

In the second category, the adolescent belief system emerged, containing the following sub-categories: Healing, relaxation, tradition and vision of the future. Very few participants stated that cannabis can be used for healing purposes, but none were sure for which diseases cannabis could be used, although some participants mentioned preventing strokes. Some participants stated that cannabis was often used for relaxation and at the traditional gatherings, while others indicated that cannabis might be part of a future remedy for diseases such as infection with the Human Immune-Suppressive Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), but were not really sure how this practice could be applied.

In the third category, knowledge about the harmful effects of cannabis emerged, which included the following sub-categories: Physical / psychological addiction and criminal activities. All the participants stated that cannabis use had detrimental effects on a person's body. They listed that regular cannabis users' age quicker, lost weight and became thin, developed gum disease and their teeth became yellow. Cannabis was also said to destroy the adolescent male's chances to have a family and kids in future. Psychologically, the participants stated that cannabis users do not study or do their school work accordingly, they bunked school and eventually became drop-outs. Cannabis users did not think straight, and could not remember what they said or did

when they were high, as they may be addicted. As a result of this cannabis addiction, many adolescents have committed crimes like breaking into people's properties and stealing articles such as cellular phones, laptops and jewellery just to get money to buy cannabis. Some adolescents were also caught driving motor cars or scooters at high speed and committing accidents under the influence of cannabis. All the participants agreed that cannabis use can destroy the youth of South Africa.

A miscellaneous category emerged as a fourth and last category. The sub-categories which were identified included: Family, boredom and undifferentiated comments. The participants stated that if someone else in the family used cannabis, it might be seen as a good practice to follow. Some of the participants stated that the adolescents who used cannabis might be doing so as a result of not having enough to do with their time and having too much money at their disposal might end up being bored.

The adolescent males that were interviewed have been found to have pre-knowledge about drugs and cannabis, gathered from magazines, television, in the communities and church. The school life orientation content on drugs and cannabis is only taught in Grade 10, and the adolescent males who participated in this study in 2013 were from Grade 8. The results of this study will be forwarded to the Department of Education and Provincial Administration, Northern Cape who may decide to move the school life orientation to an earlier grade.

The purpose of this study was to explore and describe the viewpoints of the adolescent males in Kimberley regarding the use of cannabis. The research question which was posed to the participants was **“Please discuss your thoughts and feelings about the use of dagga”**.

The researcher used a qualitative research approach, and focus group interviews were conducted by a trained focus groups facilitator to explore the subject. All the focus group interviews were audiotaped with the participants' consent (Botma *et. al.*, 2010:214).

According to Section 24 of the Constitution (1996), adolescents have the right to an environment that is not harmful to their wellbeing, free from the abuse of substances and cannabis. In qualitative research the researcher focuses on the lived experiences and the environment of the participants (Botma *et. al.*, 2010:190). Accordingly, this study was conducted in a natural setting, without any manipulation of the environment. The researcher herself has been part of the community where the study was conducted. She has resided in that area of Kimberley for the past 51 years; has seen the adolescents using cannabis after school and was interested to know what their viewpoints with regard to the use of cannabis were.

Data analysis was done by the researcher with the assistance of an independent co-coder in order to ensure the trustworthiness of the findings.

A literature control was completed in order to verify the findings of the study.

4.3 RECOMMENDATIONS OF THE STUDY

The prevention strategies are presented in the form of core principles regarding substance prevention programs for adolescents (e.g. cannabis/marijuana). The therapeutic and preventive role of Child Psychiatric Nurse Specialist is limited once the adolescent is addicted to the substance. The adolescent would be sent away to a rehabilitation centre where a Child Psychiatric Nurse Specialist may form part of the therapeutic team. In most cases these Nurse Specialists do not function in rehabilitation centres, but rather in facilities for children and adolescents with mental health problems.

In the context of this study, there is no in-patient or rehabilitation facility for the adolescents in the Northern Cape. The biggest challenge in this province is the availability of government funded rehabilitation facilities for adolescents with no medical insurance and who cannot afford it privately. The available service in this province is a mixed out-patient department for adolescents and adults, with one trained Child Psychiatric Nurse running both clinics at the same time.

Furthermore, there are not enough recreational facilities available for the adolescents in Kimberley or even further afield, in the rest of the province.

4.3.1 SUBSTANCE ABUSE PREVENTION STRATEGIES FOR ADOLESCENTS

The interdependent functions of a nurse comprises that of a specific co-ordinating function, to ensure that the adolescent males obtain all the services they need from the various members of the health care team (Searle, Human & Mogotlane, 2009:114). According to Section 32 of the Constitution (1996) information should be provided on the resources that are available in the community so that the adolescent males may be able to refer their friends and family members appropriately. Community volunteers should be trained to give the relevant information to the adolescents.

4.3.1.1 Time Management

Time management strategies are designed to help the adolescent males to maintain a balanced amount of activities in their lives. Adolescents should be asked to list the amount of time they spend at school, after school as well as the amount of time scheduled for their homework and studies. The Child Psychiatric Nurse Specialist could then assist the adolescents to manage their time constructively by:

- having a set time for school attendance
- setting out adequate rest periods for the adolescents after school

- a certain time frame could be set aside for assisting with some household or home chores
- setting aside time for a bit of relaxation in front of the television or engaging in games
- thereafter scheduling time for doing homework and studying (Sadock & Sadock, 2007:828).

4.3.1.2 Relaxation Training

Simple relaxation exercises should be taught to the adolescents so that they can do these exercises when they feel stressed or when they need to relax (Sadock & Sadock, 2007:828). Examples of the relaxation exercises are playing cards, games and listening to soft music.

4.3.1.3 Assertiveness Training

Practising assertive behaviour will enable an adolescent to exercise his personal rights without denying the rights of his peers; the adolescents should learn to express their feelings with confidence. Drug refusal skills should be taught to and practised by the adolescents. Adolescents should be advised and assisted in choosing their friends carefully; they should not be forced to join a certain group of friends as well as using cannabis and other substances in order to please their peers (Sadock & Sadock, 2007:955).

4.3.1.4 Family Interventions

The intervention of parents should begin early, before high school. Data shows that the pattern of cannabis and other substance abuse becomes worse during the high school years. A study by Robertson, David & Rao (2003:1) adds that adolescents, who had used cannabis and other substances when they were younger, are likely to start abusing them later. The parents should teach their adolescent male offspring to choose their friends with care, so that they do not

end up with the wrong type of friends. If the adolescents have a problem, they must be encouraged to share their problems with a person who they trust and feel comfortable with. The parents should be available to the adolescents as role models and they should be there if the adolescents need to talk or verbalize their fears. Importantly: The parents themselves should not use cannabis or other substances. If they as parents are using cannabis or other substances they should be referred appropriately for treatment or anti-abuse support. Social bonding and caring should be strengthened between the parents and the adolescents, so that the adolescents feel free to consult their parents at any time (Steen, 2010:367). If an adolescent is found to be using cannabis he/she and the parents must be supported through being referred to appropriate health care professionals and/or support groups. Family therapy/counselling may also be given to the entire family as all members of the family become affected if somebody in that family uses cannabis. The families' interactions and day to day interactions are often improved by means of family therapy (Sadock & Sadock, 2007:940).

Family involvement tobacco use prevention programs usually include five or more sessions/contact periods. These programs instruct one on how to be a good peer-role model, as well as assisting the parents to monitor their children for marijuana usage. The parent-child communication skills can resolve positively in families that are willing to participate in these programs, especially if the adolescents that are at risk of using marijuana are willing to be included in such programs (Sussman *et. al.*, 2013:5).

A study done in the United States of America by Miller, Aalborg, Byrnes, Bauman & Spoth (2012:1–13) on the parent and child characteristics related to a voluntary adolescent alcohol and drug prevention program, showed clearly that the parents of the adolescents should be allowed to make choices regarding health promotion practices of substances. The two prevention strategies included in the study were “Family Matters”, which was a program designed to prevent adolescent tobacco and alcohol consumption, as a self-

directed approach which had motivating booklets that were delivered at home at times chosen by the families. The other program was the “Strengthening Families” program: an alcohol initiation outcome family focused prevention program. The “Strengthening Families” program required group meetings at specific times and required more time obligations from the families. A total of 272 families who had 11 – 12 year olds registered in health-care centres chose the “Family Matters” program, as it was more convenient and easy to utilise by the families.

Although adolescent prevention programs have proven to be extremely effective in the past, the families of the adolescents plays an important role in determining how they handle the temptation of using cannabis and other substances. The adults and the influential community members in the adolescents’ lives, who speak to them about these issues, should make time for their adolescents on a regular basis; e.g. they should have lunch and dinners together with them. Prevention of substance abuse actually starts when the parents start talking with the adolescents about substance abuse and when they as parents also listen to the adolescents.

A study done in the rural areas of the United States by Gregg (2012:41–50) on rural adolescent substance abuse demonstrated that the approach to rural adolescent substance abuse prevention programme included the involvement of parents and the use of the Internet as a relevant delivery tool. Via the Internet, the adolescents and the parents could
+ access all the relevant information that they need.

4.3.1.5 School-based programs

Schools are seen as a central means of conveying substance abuse prevention programs as the adolescents are a restricted audience. School based prevention programs which use more common delivery strategies take a broad social life skills approach with additional sessions and have proven to

have led to the reduction of tobacco usage amongst participating adolescents (Sussman *et. al.*, 2013:4). Adolescents should be taught about the harmful effects that cannabis and other substances have on a person's body. In the Northern Cape in South Africa there is a team of School Health Nurses and a Health Promotion team that visit the schools and give health talks to the adolescents on cannabis, substance abuse, sexually transmitted infections and teenage pregnancy. The team members also assess the adolescents physically, mentally and socially. If there is a problem the adolescent would be referred appropriately. There is also a Substance Abuse Unit available in the Department of Education. This unit runs workshops for teachers in order to coach them on how to behave in the classroom with the adolescents, the signs and symptoms of those that are using cannabis and other substances; as well as which steps to follow if an adolescent is suspected of using a substance. The Unit has Educational, Clinical Psychologists and Social Workers who can assist the parents and the adolescent when need arises. According to the school's curriculum, cannabis and substance abuse prevention is taught in Grade Ten, although the researcher would rather propose that the learners be taught about these harmful habits at an earlier age - maybe in Grade Eight? (The South African Schools Act; Act 84 of 1996:Online).

The learners of the Northern Cape Schools must be orientated to the Code of Conduct for learners from the Department of Education. The adolescent males should be orientated about those activities that are taking place at the schools, as well as allow their potential to be fully developed in order to spend their time constructively and prevent boredom. In a 2013 study by Dupont, Merlo, Arria & Shea (2013:839–845) on random student drug testing as a school-based drug prevention strategy, the author confirmed that the students were motivated to abstain from drug usage as they did not know when the random drug testing would be carried out at the school. Another study was conducted by Flay (2009:1) on school-based smoking prevention programs that showed the promise of long term effects. In this study, the author stated that while school based prevention programs reduced smoking onset by 30%, the school based

plus community programs could reduce smoking onset by 40%. These prevention programs should include 15 or more sessions over the schooling years, commencing in high school and should comprise of:

- adolescents that were committed to not using cannabis or other substances, and
- had no intention of using cannabis or other substances
- practiced refusing to smoke and
- were peer leaders in their other roles, encouraging other adolescents to copy their positive behaviour.

4.3.1.6 Youth programs

The adolescent males should be motivated to become involved in programmes like Take Charge Of Your Life, (TCOYL) which aims at reducing cannabis and other substance abuse by teaching the adolescent life skill games so as to keep themselves occupied and not to be tempted to use substances (Sloboda, Stephens, Stephens, Grey, Teasdale, Hawthorne, Williams & Marquette, 2009:1). The Children's Act (Act 38 of 2005:92) states that the government should put in place adolescent developmental programmes that will promote rest, leisure as well as create a stimulating environment for the adolescent males. The leisure developmental programmes for educating the adolescents should be socially and culturally appropriate for them in order to avoid leisure boredom (Wegner; Flisher; Muller & Lombard, 2006:249–266). Such adolescent activities should be planned in such a way that each day will offer a different, stimulating programme in order to prevent the adolescents from becoming bored (The Children's Act, Act 38 of 2005:92).

Adolescents' developmental programmes should be planned so that the adolescents and their families have access to resources that will increase their strengths and develop new capabilities that will amplify resilience, in order for them to be able to cope with the daily challenges (The Children's Act, Act 38 of 2005:92).

In South Africa (Northern Cape Province), adolescents are encouraged to attend youth programs like “Ke Moja” and “Love Life”, after school and during the school holidays where they are taught different games and life skills in order to minimize the risk of them using cannabis and other drugs (Ke Moja and Love-Life programs are based at the Social Development offices, offering different youth and adolescent programmes after school and during school holidays). The health care professionals from the various programs could encourage the adolescents to deal with their problems positively, identify problems promptly as well as refer those adolescents appropriately when need arises.

The tobacco industry in the United States has responded with different types of youth prevention strategies like age verification when purchasing tobacco. The industry has also decided to no longer place tobacco vending machines at the shops and to sponsor positive adolescent development projects (Sussman *et. al.*, 2013:6). This practice is not yet known in South Africa; however, there are posters and billboards that are placed near the supermarkets and tobacco and alcohol outlets stating “**Alcohol and tobacco is not for sale for persons under the age of 18 years**”. This implies that the health inspectors may visit the outlets at any time, unannounced to conduct inspection.

4.3.1.7 Online information on adolescent prevention programs

The above named Internet-based programs provides the latest real-time information to address the risk and protective factors that are related to cannabis and substance abuse. This directory is an online registry of mental health and substance abuse prevention programs in the United States, which include youth, focus programs, and Substance Abuse and Mental Health Services. Adolescents can just click on this Website when they need more information with regard to substance abuse prevention programs (Robertson, David & Rao, 2003:2). In South Africa there are television programs like “Motswako”, “Noleen Three Talk”, “Dr Phil” and others that sometimes focuses

on substance abuse and the prevention strategies thereof. The directors of these programs normally invite the adolescents and their parents to come and share problems like teenage pregnancy, sexually transmitted diseases, cannabis and other substance abuse. Different experts including Psychologists, Social Workers and health care providers are available for the adolescents, 24 hours around the clock. The Web-site/e-mail addresses of these experts are freely available; the adolescents can then e-mail or send text messages to these people when they need advice. Online counselling is available at all hours of the day. The adolescents and their parents may also be referred appropriately in cases of emergencies. These sessions are highly confidential, and adolescents or their parents may remain anonymous if they choose.

4.3.1.8 Mass media

In the United States of America, mass media includes a few distribution channels that specialise in the abuse prevention of substance abuse. The channels include not only television programs but access to the Internet, video games, cell phone text messages, while smart phones downloads/applications and computer access is also utilized. These prevention types of campaigns are most likely to be successful when they react quickly to interest the adolescents, and include health effects as a result of tobacco smoking, passive smoking exposure to tobacco or tobacco industry dishonesty (Sussman *et. al.*, 2013:4).

A study by Brinn, Carson, Esterman, Chang & Smith (2012:86-144) on mass media intervention for prevention of smoking in young people, supports the idea that mass media coverage successfully reduced the smoking actions of the adolescents. Newspapers, radio and television delivered several repetitive messages, via different channels over a minimum period of three consecutive years. In South Africa, warning labels are placed on tobacco products, using clear language in a manner that is hoped to curb the smoking behaviour of

adolescents and provide a prevention impact. This researcher hopes that adolescents may note the tobacco package warning, which is mostly written boldly in red, as a warning sign and will feel afraid about the potential of tobacco usage being dangerous (Sussman *et. al.*, 2013:3).

Furthermore, adolescents have access to youth newspapers like “Sifunukwazi” and the Noord Kaap Jeugblad. These newspapers all address relevant issues like cannabis and substance abuse. The contact details of the editors and counsellors are available in the newspaper, so that anyone such as an adolescent may get in touch with them when the need arises.

Different experts like Psychologists, Social Workers, the police and the medical doctors are also invited onto some of the adolescent programs on television like “Bonitas” discussions on Saturday morning, and the substance abuse program on Sunday night in order to share their knowledge and advice on the various topics for those that may need it. The researcher would also like to suggest that the adolescents be given a chance to view these programs together on their scheduled time slots at home or in the school hostel, so that they can have information with regard to the issues that are discussed. Subjects that are normally discussed include teenage pregnancies, cannabis/ substance abuse and other health issues, such as preventing sexually transmitted infection.

The prevention programs can help the parents / family to communicate better with their adolescents, as well as teach parenting or mentoring skills (Robertson, David & Rao, 2003:1).

4.3.1.9 Access-related tobacco prevention policy

In the United States of America access-related tobacco prevention action refers to blocking access to tobacco sources by adolescents. According to the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act

[P.L. 102 – 311] all states in the United States are forbidden to sell or distribute tobacco products to adolescents under the age of 18 years. If the adolescents do not have free access to tobacco at the shops, they may not be able to use it freely. Annual unscheduled inspections of tobacco sales outlets are done by the Environmental Officers in order to check on compliance (Sussman *et. al.*, 2013:4).

4.3.1.10 Smoke-free environment policy

The enforcement of a smoke free environment policy in places where adolescents gather may lead to a reduction of tobacco consumption among them. These environments might include the schools, soccer field, cinema, churches and adolescent centres (Sussman *et. al.*, 2013:4).

While the police should do regular checks in the communities, community members themselves should be involved in neighbourhood safety projects whereby each neighbour will watch the house of the other neighbour. The person could then alert the other neighbours if there is any danger or if there is any illegal drug pushers roaming about; or if an adolescent is caught smoking cannabis and other substances (The Children’s Act, Act 38 of 2005:91). Any abandoned buildings in the community should be utilized or sealed by the municipality in order to avoid adolescents gathering there and using cannabis; and more after-hours’ schools or community centres can be erected (Steen, 2010:367). The communities’ resources should promote an environment that will enable the safety and well-being of the adolescents.

Bans on tobacco advertisement actions may also lessen adolescent tobacco usage. The less the public is exposed to advertised information regarding the attractiveness of smoking, the fewer adolescents will be influenced to smoke tobacco (Sussman *et. al.*, 2013:4). The adolescents perceive whatever is modelled for them as something that is “nice and colourful” to use. Adverts on

television and the magazines are normally seen as 'cool' and something that should be done.

4.3.1.11 Substance Abuse and Mental Health Programs

In the United Kingdom, the Substance Abuse and Mental Health programs support the National Registry of Evidence-based Programs (NREPP), which has an online registry of more than 200 interventions that supports mental health as well as substance abuse programs. The NREPP links members of the community to developing interventions and how to implement these strategies in their own communities (Robertson, David & Rao, 2003:1). However, in South Africa (Northern Cape), there are programs available such as Mental Health Substance Abuse Programs, Health Promotion and the Local Action Drug Campaigns. These programs are aimed at involving the adolescents in the community, promoting youth programs by informing the adolescents about the dangers of substance abuse and the prevention strategies thereof; as well as celebrating a Mental Health Month, which is held during October each year.

"Soul City" is a South African Non-Governmental Organization that promotes adolescent programs like cannabis and substance abuse prevention, by sponsoring tee shirts and colourful magazines with lots of information. The researcher has also tapped on their door for sponsors for tee-shirts and magazines during the Substance Abuse Awareness Campaign that was held at the Henrietta Stockdale Nursing College between June and August 2014. This local awareness campaign was initiated by 23 fourth year nursing students from the above-named college; and took place over a period of 6 weeks (on Fridays at the different local clinics in Kimberley). The aim of the substance abuse awareness campaign was to orientate the community of the health risks that are associated with cannabis and substance abuse. The Ante-Natal Clinic and the maternity ward of the Galeshewe Day Hospital were also

visited. The expectant mothers, post-delivery mothers and other patients that were visiting the facility were all given information in this regard.

4.3.2 RESEARCH

The finding of this study has produced rich data on the viewpoints of adolescent males in Kimberley regarding the use of cannabis. This study may open opportunities for further studies to be conducted, e.g. at the girls' secondary school, or in the other secondary schools in the community.

4.4 LIMITATIONS OF THE STUDY

The limitations of this study are presented as follows:

- Almost all the literature review is based on research that was conducted beyond the borders of South Africa.
- This was the first study done in Kimberley, specifically on the viewpoints of adolescent males in a Kimberley secondary school regarding the use of cannabis.
- A single study in one school, in a specific context.
- The study was only conducted in English
- Even internationally, there is only a limited volume of literature on which to base this work, hence the researcher was guided in attempting an exploratory research design in the study.

4.5 CONCLUSION

A lot of suggestions by the different authors has been presented in this study. The researcher proposes that the implementation of some of the described local adolescent substance abuse prevention strategies could aid in preventing the adolescents using cannabis and other addictive substances. The programs could also help the youngsters identify adolescent friends and relatives who are using cannabis and other substances, and advise them where to seek help.

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ANNEXURE A

PARTICIPANT INFORMATION BROCHURE

I, Nomonde Pearl Moabi, am from Kimberley. I am a registered M. Soc Science student at the University of the Free State; and the researcher of a study at this University. We want to learn more about what the adolescent males of Kimberley think and feel about the use of cannabis, hence we request that you give your child permission to participate in this study.

The study has been approved by the Evaluation Committee of the School of Nursing, and the Ethics Committee of the Faculty of Health Sciences, University of the Free State. Furthermore, the Northern Cape Department of Education and the school Principal have agreed that the study take place at the XXXXXXXXXXXX High School.

Participants in the study must be aged between fourteen and sixteen years.

Adolescent males must sign an assent form, while the parents or guardians are requested to sign an informed consent form for their son's participation in the study.

The participants may contact the secretariat of the Ethics Committee of the Faculty of Health Sciences, University of the Free State at telephone number 051 4052812 if they have questions about their son's rights as a research subject.

Participation of the study is voluntary. If need be, the participants can withdraw from the study at any given time, without giving any explanation to the researcher and will continue to be treated in the usual and customary fashion at school.

No compensation will be given for participation in this study. Participation in the study involves having a focus group discussion and group participation

with the researcher and the other adolescent males that will last for about 1 hour. The principal and the teachers will be asked to set aside at least 3 – 4 periods of life orientation for the focus groups to start. The learners will not miss a lot of school work as the Learners will be given home work to cover up the content of the day. The focus groups interviews will commence during school session in order to allow the learners to participate and give their co-operation to the researcher and facilitator. At least four focus groups will be conducted for this study. The names of the adolescent males will not be used; numbers will be given to each participant to ensure anonymity and confidentiality.

The facilitator will conduct the focus groups interviews, while the researcher will operate the audio-tapes and take field notes during the focus group interviews.

The venue and time of this session will be communicated to the participants' by the researcher.

No risks, harm or injury will be associated with this study.

Refreshments e.g. snacks will be served to the participants as an ice breaker, before the focus group interviews commence.

All study data as well as the audio-tapes will be kept confidential, no names or identifying data will be used, as numbers will be used instead.

If need be, prospective participants can contact Ms Nomonde Pearl Moabi, Nurse Educator at the Henrietta Stockdale Nursing College anytime during the study, office telephone number 053 8314695, cellular number 072 777 1487.

ANNEXURE B

INFORMED CONSENT TO PARTICIPATE IN A FOCUS GROUP

I the parent/guardian of.....
understand that I/we are asked to give permission for my/our son to participate in a research study of the University of the Free State. The research study will explore and describe the viewpoints of adolescent males in Kimberley regarding the use of cannabis. If I/we agree to allow my/our son to participate in this study, he will have a focus group session with the facilitator and researcher which involve a discussion and group participation. The venue and time of this session will be communicated to the participants. No risks or harm is associated with this study.

I/we may contact the secretariat of the Ethics Committee of the Faculty of Health Sciences, University of the Free State at telephone number 051 4052812 if I/we have questions about my/our son's rights as a research subject.

If I need to, I can contact Ms Nomonde Pearl Moabi, Nurse Educator at the Henrietta Stockdale Nursing College any time during the study, office telephone number; 053 8314695, Cell phone number 072 777 1487.

My/our son may withdraw from the study at any time he so wishes. If he decides to discontinue his participation in this study, he will continue to be treated in the usual manner at school. The participants will not receive any compensation to participate in this study.

I/we understand that the identity of the participants will be kept confidential; however, the information gathered may be used in publications or presentations.

The study has been explained to me/us, I/we have read and understand this consent form, all of my/our questions have been answered, therefore I/we

agree to allow my/our son to participate after I/we have been given a signed copy of this document and the participant information sheet which is the written summary of the research.

.....
Signature of the Participant

.....
Date

.....
Signature of the Researcher

.....
Date

ANNEXURE C

CHILD ASSENT FORM

I, Nomonde Pearl Moabi, invite you to participate in a research study that is conducted by the University of the Free State. In this study, we are interested to know more about your viewpoints as an adolescent male in Kimberley regarding the use of cannabis. We will ask your parent / guardian or caregiver if it is in order for you to participate; we also need to ask permission from you as well.

If you decide to participate in this study, the researcher will make an appointment with you and other adolescent males, whereby you will have a focus group (group interview session). Group discussion and participation will take place during the session. No names will be used during this session, numbers will be used, and everything will remain private. The information that will be collected during the focus groups may be published in journals and presentations.

During the focus groups session, the facilitator will conduct the interviews and the researcher (co-facilitator) will make use of audio-tapes which will enable her to take field notes.

If need be, you can pull out of the study at any time you wish, without giving any explanation to the group. You can also ask questions later which you cannot think of now. By signing this assent form, it means that you understand what is going to happen, you are willing to take part in the study and you do not have any further questions to ask about the research at this time.

.....
Child's Signature

.....
Date Time

ANNEXURE D

Research Division
Internal Post Box G40
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Fax (051) 4444359

E-mail address: StraussHS@ufs.ac.za

Ms H Strauss

2012-05-25

REC Reference nr 230408-011
IRB nr 00006240

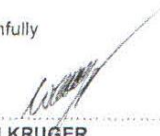
MS MP MOABI
C/o DR L VAN RHYN
SCHOOL OF NURSING
UFS

Dear Ms Moabi

ECUFS NR 68/2012
PROJECT TITLE: THE VIEWPOINTS OF ADOLESCENT MALES IN KIMBERLEY REGARDING THE USE OF CANNABIS.

- You are hereby kindly informed that the Ethics Committee approved the above project at the meeting held on 22 May 2012.
- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.
- The Committee must be informed of any serious adverse event and/or termination of the study.
- A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.
- Kindly refer to the ECUFS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully



.....
PROF WH KRUGER
CHAIR: ETHICS COMMITTEE

Cc Dr L van Rhyne

ANNEXURE E

404 Abe Masisi Street
Ipeleng
KIMBERLEY
8345
April 2012

The Director, Department of Education
Northern Cape Province
Hadison Park
KIMBERLEY
8301

Dear Sir / Madam

**APPLICATION TO BE GIVEN PERMISSION TO CONDUCT A STUDY AT A
SPECIFIC SCHOOL**

I am the researcher of a study of which the objective is to explore and describe the viewpoints of adolescent males in Kimberley regarding the use of cannabis. The study will involve participants' having a focus groups session with the researcher. No risks will be attached to this study. For the purpose of this study, I request permission to conduct research at XXXXXXXXXXXXXXXX High School. The study will be conducted until saturation of data takes place.

Prospective participants will be asked to sign an assent form; the parents / guardians will also sign the informed consent form. Confidentiality will be strictly maintained. No names or identifying data will be used; numbers will be used during the focus group session. Participants will not receive any compensation for being involved in this study.

A packet of snacks will be served as an icebreaker to the participants before the focus groups sessions commences.

Results of the study will be presented at research conferences and in journals. The study findings will provide the Departments' of Education, Health of the Northern Cape Province with a more complete picture of the viewpoints of adolescent males in Kimberley regarding the use of cannabis.

Yours sincerely

.....

Nomonde Pearl Moabi (M. Soc student, UFS).

ANNEXURE F

404 Abe Masisi Street
Ipeleng
KIMBERLEY
8345
April 2012

The Principal
XXXXXXXXXXXXX High School
KIMBERLEY
8301

Dear Sir

**APPLICATION TO BE GIVEN PERMISSION TO CONDUCT A STUDY AT
THE XXXXXXXXXXXXXXXX HIGH SCHOOL**

I am the researcher of a study of which the objective is to explore and describe the viewpoints of adolescent males in Kimberley regarding the use of cannabis. The study will involve participants having a focus groups session with the researcher and the facilitator. Adolescent males who are aged between fourteen and sixteen years will be included in the study. Different focus groups interviews will be conducted until saturation of data takes place.

For the purpose of this study, I request permission to conduct research at XXXXXXXXXXXXXXXX High School, permission has also been granted from the Department of Education.

There is a risk of stigmatization attached to the study, but we will take care of it, by maintaining strict confidentiality. No names or identifying data will be used, numbers will used during the focus groups sessions. Prospective

participants will be asked to sign an assent form, the parents or guardians of the adolescent males will sign an informed consent form. Participants will not receive any compensation for taking part in this study.

Snacks will be served to the participants as an icebreaker before the focus groups interviews commences.

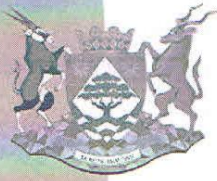
Results of the study will be presented at research conferences and in journals. The study findings will also provide the school as well as the Departments of Education, Health of the Northern Cape Province with a more complete picture of the viewpoints of adolescent males in Kimberley regarding the use of cannabis.

Yours sincerely

.....

Nomonde Pearl Moabi (M. Soc student, UFS).

ANNEXURE G



DEPARTMENT OF EDUCATION
DEPARTEMENT VAN ONDERWYS
LEFAPHA LA THUTO
ISEBE LEZEMFUNDO

Education Building
156 Barkly Road
Homestead
KIMBERLEY 8301

Private Bag X5029
KIMBERLEY 8300
Republic of South Africa
www.ncedu.gov.za

Tel. (053) 839 6500
Fax (053) 839 6580/1

Date :
Loshupelo : 25 May 2012
Umhla :
Datum :

Enquiries :
Dipatlisiso : HH Esau
Imibuzo :
Navrae :

Reference :
Tshupelo :
Isukutliso :
Verwysings :

Ms. Nomonde Moabi
M. Soc. Student (UFS)
404 Abe Masisi Street
Ipeleng
Kimberley
8345

Dear Madam

**PERMISSION TO CONDUCT RESEARCH STUDY AT KIMBERLEY BOYS'
HIGH SCHOOL**

Your request regarding the above matter dated 18th April 2012 refers.

Permission is hereby granted for the conducting of the study to explore and analyse the viewpoints of adolescent males in Kimberley regarding the use of cannabis with the following conditions:

1. The permission of the Northern Cape Education Department is subject to the permission granted by the School Governing Body (SGB) and Senior Management Team (SMT) of Kimberley Boys' High School;
2. Identified learners must assent to be part of the study;
3. Parents and/or guardians of prospective learners must also be briefed on the process and sign consent forms;
4. No learner must be exposed, i.e. the confidentiality of the study must be maintained at all times; and
5. Results of the study must also be availed to the department and the Provincial Administration for future references.


HIV/AIDS is everyone's concern.

We wish you well in your research and all further studies.

Regards,



HENRY H. ESAU
CHIEF DIRECTOR: DISTRICT DEVELOPMENT

Cc: Mr. GT Pharasi (Head of Department: Education)
Mr. ES Kistoo (Frances Baard District Director)
Mr. D Daniels (Principal: Kimberley Boys' High School)
Mr. M Conway (Chairperson: KHS SGB)



HIV/AIDS is everyone's concern.

Page 2 of 2

ANNEXURE H



Kimberley Boys' High School

P. O. Box 451
Kimberley
8300
Tel: (053) 833 2684
Fax: 0866899975
e-mail: boyshigh@mweb.co.za

Ms Nomonde Moabi
M. Soc. Student (UFS)
404 Abe Masisi St
Ipeleng
Kimberley
8345

Dear Madam

PERMISSION TO CONDUCT RESEARCH STUDY AT KIMBERLEY BOYS' HIGH SCHOOL

Permission is hereby granted for the conducting of the study to explore and analyse the viewpoints of adolescent males in Kimberley regarding the use of cannabis under the following conditions:

- a. Learner confidentiality is retained at all times and the learners be protected at all times.
- b. Parental consent and learner consent is obtained.
- c. All group work must be done in the presence of an anonymous departmental official.
- d. All results must be made available to the school.
- e. Only one day may be use for the group work.

The Governing Body wishes every success in your research. We hope that the school community will also benefit as a result of your findings.

Kind regards

M. CONWAY
CHAIRPERSON: SGB
1 June 2012

ANNEXURE I

Group 2

Focus Groups Interviews

8 participants

The facilitator greeted and welcomed the participants. She thanked the participants for availing themselves to the focus groups interviews.

The issue of confidentiality was raised; the facilitator explained that the participants were free to ask any question then or afterwards.

The facilitator explained that the tape recorders were only used as a backup, in order for the researcher to be able to compile the transcripts for the study.

F: All right! So, what I want to ask you is – We ... I'd like to know your viewpoint on marijuana, you know what marijuana is?

Group: Yes, Mem

F: Ok, you don't know what marijuana is? You know what it is?

Group: Yes, Mem

F: Ask Me – It's ganja, dagga. / Ok, so, talk to me about dagga, marijuana, weed, grass – it's got more names than ... Yes!

1: Mem, all I know that it's like a type of subs – it's a substance that makes you high and it's very addictive.

F: High and addictive, Ok!

3: It can kill you

F: Can kill you -

Group: Silence

F: Anything else? About the use of it? – You already know about it, anything.

F: When you say high, what do you mean by high? – What do you -what do you guys understand under the word high?

2: Mem, you are not yourself

F: Not yourself? Ok!

Group 2

5: *Your legs are cut off, it's like your legs are cut off.*

F: Your legs are cut off!

3: *Your brain is somewhere else*

F: Brain is somewhere else!

7: *You feel free*

F: Feel free!

1: *You see things*

F: See things! Ja

4: *It makes you to relax, Mem*

F: Relax!

6: *You also hear things, Mem*

F: You see things, hear things, you relax, your legs are cut off – and you are somewhere else.

8: *and you won't remember what you did*

F: Ok, so for that time a memory loss, Ja. – So you feel that this is all the things that dagga will do?

2, 3 & 4: *Yes, Mem*

F: Hm. What else do you know about it?

4: *It it makes your lungs black*

F: Makes your lungs black, Uhm

7: *Sometimes smoking it gives you gum diseases*

F: Gum diseases!

6: *It makes your teeth yellow*

F: Teeth yellow!

F: But, what do you think about it? The use of it? –

1: *Mem, sometimes people use it to just get out of the situation that they are in*

F: Uhm, Ja

3: *Mem, it's also used to be cool*

Group 2

F: Ja, cool, as well – uhm

3: *and peer pressure*

F: Say? And? Peer pressure. Ja, peer pressure – ok, this is not a test, your opinion is the one – I am I am just asking, 'cause I don't know and we want to get your opinions from your world about it

Group: Silence

F: Is it something you often come across?

Group: Yes, Mem

5: *Every day of my life*

F: Every day? Uhm

5: *Yes, Mem*

Group: Silence

F: What does that do to you? –

Group: Silence

7: *It damages you skin, Mem*

F: Damages your skin. – But this, that you guys have this contact with it?

5: *Second hand smoking*

F: Sorry?

5: *Second hand smoking, Mem*

F: Second hand? So, you guys get the second hand smoking of it as well?

5: *Yes, Mem*

F: And your opinion on that?

Group 2

5: *It can damage ...*

F: Uhm

4: *It can do almost as much damage as the person that's smoking it*

F: Ja, you you get the damage as well

1: *Mem, and marijuana or weed, Mem it can ruin your dreams*

F: Ruin your dreams? (Intercom)

1: *Yes, Mem*

F: You – when you talk about dreams, you don't – you think – like you're your, eh ja, explain to me what you mean by your dreams

1: *Mem, it's like as you are young you – maybe if you want to become a chemist or something and then once in your life maybe your friends like tell you to take one smoke Mem, as you smoke you get addicted to it, then it can also ruin your life, Mem and your dreams*

F: So, your – your future dreams?

1: *Yes, Mem*

F: What you want out of life?

1: *Yes, Mem*

F: Ok!

Group: *Silence*

F: Agree / disagree?

5: *Yes, Mem, I agree, Mem*

Group: *Yes, Mem*

F: How much pressure is there to smoke? – Smoke dagga?

5: *One puff, Mem*

F: Ja, but how much pressure do you get to do it? / Is it just there or are there people who sort of come and say – hey – come on, be a man?

5: *Mem. Usually it's there. But then in some situations people will – take a puff*

F: Ok! So, so then they they will take a puff?

5: *One puff*

Group 2

F: Ok, so just - so that you get these people off your back?

5: Yes, Mem

F: Aha!

6: *Or sometimes, it's to feel – to like – you wanna feel what they see and feel, so you want to see how it is to be high*

F: Ok! So, you see it there and you say, ok – I wonder what it's like?

6: Yes, Mem

F: So, it's curiosity

5: Yes, Mem

Group: Silence

F: What else about it?

Group: Silence

F: What experiences do you know of people having lived with it?

6: *What do you mean, Mem?*

F: Uhm, let's say I have I have to tell you, you got to talk in class for ten minutes, on using dagga, what you've seen or what you've heard – what would you say then?

5: *Mem, I heard that dagga can, it can also damage like your family in the long run, like maybe in the future, you – maybe you smoke now as a child, but it can like damage your future like your kids with the semen, your semen might have...*

F: Ok! So if you can... ja, through your – if you've got the dagga in you can have kids that aren't

5: Yes, Mem

F: As good as they can be? Ok!

5: Yes, Mem

Group 2

F: You guys have to give a ten minute talk on dagga, what are you gonna say? Let's give these other guys a bit of a chance

3: *Mem, and dagga has different names, and by the names it becomes stronger*

F: So, it depends on the names that they've got that it is stronger?

3: *Yes, Mem*

F: Ok, that's interesting!

3: *Yes, Mem*

F: Uhm, so if you say dagga, is that a weak or a strong one?

3: *It's weak*

F: That's a weak one. So, what are what ones are the strong ones?

3: *Mem, you get skalk, you get chronic, you get – I think it's black skalk or yellow skalk then you get california*

F: Ok!

4: *There is a lot of them*

F: So, what makes these ones stronger?

Group: Silence

F: One weak, one stronger, - and I would imagine those ones are more expensive I would imagine

3: *Yes, Mem*

F: Ok, - your ten minute talk!

2: *(nods)*

F: Yes!

1: *And I will also say Mem, for a person who has been smoking weed, Mem, like they will do whatever they will just to get enough money to go buy weed, even if they have to steal something, or some people are so desperate that they will kill someone just to get dagga*

F: Ok! So, it's got another side to it, it's got the crime side to it as well?

Group 2

1 & 2: Yes, Mem

F: And, people who wouldn't have done it, - done the crime, will now become the people who will do the crime? – Ok

Group: Nods

F: Your ten minutes ten minutes!

8: Mem, I would encourage people who smoke it, Mem

F: So, you'll have to speak up a bit louder I'm old and those things...

8: Mem, I would encourage people who smoke weed, it, Mem rather to eat a space muffin because if they can...

Group: laughs

F: Ok, rather have a space muffin instead of smoking?

8: Yes, Mem

F: Why would you say that?

8: Mem, if they can eat it instead of smoking it...

F: Ok, so, when they eat a space muffin at least they don't damage people next to them?

8: Yes, Mem

F: Is that what you are trying to say?

8: And it doesn't damage their lungs as much

F: Does not damage the lungs as much?

8: Yes, Mem

F: Ok, they will have to know how to bake?

3: Yes, Mem, and you can only make space muffins out of dagga

F: Ja, uhm like the muffins you got to know how to bake. So, you say you can only make space muffins out of dagga?

4: Yes, Mem

F: Not the stronger staff, like skalk? Ok. So those are the weaker ones? So it sounds like – that's not bad, the bad - the worst advice...

4: Yes, Mem

Group 2

F: You get the person going to the weaker one not damaging his lungs – and staying away from the other serious staff? All right!

F: Your ten minutes!

7: *Mem, you find that other people, like peer pressure, Mem, some of them when the whole group smokes, Mem, and then what is left out, Mem they 'gonna try to – let him also take one (intercom)*

F: Ja, they always... / Ok, Yes

7: *and when he refuses, Mem*

1: *and Mem, sometimes people also just smoke weed because they see the friends are smoking weed, and they won't stop until the friend stops and also the other thing is that their friend don't stop because they don't stop*

F: So, it's the one feeding the other one?

1: *Yes, Mem*

F: And it goes on and on until – until when? Where does it stop?

3: *Mem, it stops if you want to stop*

5: *Mem, but sometimes it's – if you see people smoking then you also want to try it out*

F: Ja

5: *like you don't wanna go permanent, you say I only live once and you try it out*

F: Ja, it's there, if you see something every day, and people do it for fun, it's not like seeing work every day, you see home work every day but you don't necessarily want to do it – just joking

3: *Mem, and on the different types of weed –*

F: Uhm?

Group 2

3: Per puff – you become, Mem, like dagga, dagga it's you don't get high on one puff, you have to take three to four puffs, but then you get skalk – skalk one puff and you become high, get hydro see – just like that

F: So, the dagga is not weaker, you got to really, so you can't sort of some – come, let me just understand this, someone is just having dagga – he says to you, ok! “You take a puff; take a puff, not real damage”?

3: Ja

F: But if you get the skalk then it's from the first puff there is already damage?

3: Yes, Mem

F: Ja, that makes it dangerous

1: Sometimes you see someone dying because of weed, then they all stop because they don't also want to die of weed

F: So, you think that's what makes people stop?

1: Ja

F: Seeing something really bad?

1: Yes, Mem

5: Mem, some people, Mem, it's tradition like it's in their beliefs

4: Like Jamaican's

5: Ja, like the rastas

F: The rastas, ja – they have that as part of their tradition

5: They believe that when you smoke dagga, you get high and you are closer to God

F: Uhm – yes I know about that, - uh, I saw you smile, you think that's – what's your opinion on that?

Group 2

3: *Ja, I think it's dumb, Mem. Why do they wanna think they are closer to God, 'cause you are high?*

Group: laughs

5: *They say God is in heaven, so when you are high you are closer to him*

4: *That's what they believe*

F: *Ja, you can't argue with someone about their beliefs, we have to agree, (coughs), - Ja, for some people I, - it is part of a religion, and part of their beliefs, but for the others it's fun, something to do –*

5: *Some of them it's boredom*

F: *Boredom? That's another one!*

5: *Some of them have enough time, like soccer players, they don't, usually they have practice, so they don't get the time to go buy the weed and smoke it*

F: *Uhm*

5: *And people who don't do any extra murals that stay at home and staff, they have all the time, they have all the time in the world to go to the dealers*

F: *So, keep people busy?*

5: *Yes, Mem*

F: *That's what you say?*

5: *Yes, Mem, keep yourself busy on passive things, Mem*

F: *Uhm*

Group: Silence

F: *Can I give – let's give this guy ten minutes!*

4: *laughs*

F: *You don't have to, you don't have to do it, but it will be nice – Ok, let's hear your point of view then we will give him a chance*

Group 2

1: Mem, I also found out that some people use like weed like as medicine

F: As medicine?

1: Yes, Mem

F: Do you know what for?

1 & 5: Strokes

F: Strokes?

5: Yes, Mem. The people believe that if dagga was legalized in all these medical things, like they don't legalize it 'cause all these chemist shops and staff will all shut down...

F: Because, because dagga is such a good medicine for all over?

5: Yes, Mem

F: All right

5: Yes, Mem

3: I believe, Mem, from different types they get, they can heal different illnesses from the different types of dagga

F: Ok, so (coughs)

4: I'm still thinking, Mem

F: You still thinking?

4: Yes, Mem

F: Ok, that's that's an interesting one, that, that it's been kept illegal for money, for the, for the chemical companies and the drug companies, all right! (intercom -)

Group: Silence

F: Ok, is there anything else? Any one of you who want to add?

5: Mem, (coughs) if you are pregnant and you're a woman, the weed can affect your baby and the baby comes out with a big head?

Group 2

F: Uhm, yes, if – while you – while you are pregnant, a, a woman shares blood with the baby, so that if – it doesn't matter what you use, whether it's good medicine or bad medicine or legal drugs or whatever, it, it will be shared with the baby and I don't know what it does to the baby, I will be honest with you

5: The baby's gonna smoke also

F: Will smoke it, ja. I mean if you smoke it. You smoke it from your lungs and it goes into your blood, and that's how it gets to your body, like the space muffin you eat it is absorbed and it goes back to your blood again, so any time you share blood with the baby, like that – the baby will also get the same dosage as you are basically

1: Mem, I also found like that artist, they also smoke weed for their vocal cords, Mem, it helps them or I heard it helps them to sing better

F: Ok, so, so it can help the vocal cords?

1: That's what I heard, Mem

F: I haven't heard that one, but I mean that's - that's not important...

7: Mem, and when you smoke, you become thin,

F: Become what?

7: Thin, Mem

6: Skinny

Group: laughs

F: Oh thin, ha uhm, - I do know that it gives you the munchies, so how it works? So you smoke it and after that you get the munchies and you eat again, I don't know how it works, but you could be right

5: Yes, Mem

Group 2

4: *The person who smokes you can see them*

2: *They are old*

6: *Their lips are black*

5: *Their faces are black*

Group: *laughs*

F: *All right!*

5: *And they age Mem, they age quicker*

F: *Age quickly!*

F: *Anything else?*

3: *Mem, can I ask you a question?*

F: *Yes, of course you can*

3: *How does dagga make you high, Mem?*

F: *Can I just first get your opinion and then we switch the tapes off, then I will explain that to you, if you are interested? Ok? Keep that thought. / Any other input from anybody?*

5: *Mem, some people also believes that dagga eases your pain, like there's a situation at home, maybe you just fought with your mom, and you'll go and smoke it*

F: *The emotional pain, you taking about it?*

5: *Ja, the emotional pain*

F: *Aha! Ja it's what you guys said earlier, it takes you away...*

4: *And stress, it takes stress away*

F: *Ja, it takes you away from your stress, so it will help for that I would imagine*

Group: *Silence*

F: *Anything else?*

4: *No, Mem*

Ok, I want to thank you guys for your co-operation and help, uhm, we really appreciate it.

Tape recorders switched off. Participants remained seating in the chairs because they had more general question to ask from the facilitator.

The participants left the library after a while with their snack packs with them, smiling and thanked the facilitator and researcher.

ANNEXURE J

CATEGORIES	SUB-CATEGORIES	THEMES
<p>3.3.1</p> <p>Belonging</p>	<p>3.3.1.1</p> <p>Peer Pressure</p>	<p><i>“... And peer pressure ...”</i></p> <p><i>“... Mem, in some cases, it’s peer pressure, Mem ...”</i></p> <p><i>“... Mem, usually it’s there, but then is some situations people will take a puff ...”</i></p> <p><i>“... Mem, you find that other people like peer pressure, Mem, some of them when the whole group smokes, Mem, and then what is left out, Mem, they gonna try to ... let him also take one ...”</i></p> <p><i>“... And, Mem, sometimes people also just smoke weed, because they see the friends are smoking weed, and they won’t stop until the friend stops and also the other thing is that their friend don’t stop because they don’t stop ...”</i></p> <p><i>“... Mem, I have friends, Mem, they use dagga because like they dagga like makes them feel high and nice ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
<p>3.3.2 Belief System</p>	<p>3.3.2.1 Healing</p>	<p><i>you try it out ...”</i></p> <p><i>“... They want to experiment, that’s my thoughts - they want to experiment instead of just doing one thing with the, with the just the water and oka pipe and people add also alcohol to that – it’s my experience ...”</i></p> <p><i>“... I believe Mem, from the different types they get, they can heal different illnesses, from different types of dagga ...”</i></p> <p><i>“... Mem, I also found like that artist, Mem, they also smoke weed for their vocal cords, Mem, it helps them or I heard it helps them to sing better...”</i></p> <p><i>“... Because uh it is said that dagga, is like it helps people, people who smoke dagga don’t get sick often ...”</i></p> <p><i>“... You use it to get rid of the pain ...”</i></p> <p><i>“... They say it helps with cancer, Mem, if you use it ...”</i></p> <p><i>“... Dagga, helps in treating diseases like strokes ...”</i></p> <p><i>“... To get rid of the feelings of abandonment ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
	<p data-bbox="521 986 622 1018">3.3.2.2</p> <p data-bbox="521 1042 674 1074">Relaxation</p>	<p data-bbox="898 339 2024 427"><i>“... Because many people think of it like as like herb or something, Mem ...”</i></p> <p data-bbox="898 451 2024 539"><i>“... Mem, I also found out that some people like use weed like as medicines ...”</i></p> <p data-bbox="898 563 2024 707"><i>“... Yes, Mem. The people belief that if dagga was legalized in all these medical things, like they don’t legalize it ‘cauze all these chemist shops and staff will also shut down ...”</i></p> <p data-bbox="898 730 2024 818"><i>“... Mem, dagga can be a good and a bad thing, sometime you get medicines that has maybe dagga ...”</i></p> <p data-bbox="898 1042 1451 1074"><i>“... Dagga takes the stress away ...”</i></p> <p data-bbox="898 1098 2024 1185"><i>“... Mem, you feel all those kind of things, you feel alone and abandoned and it makes you go for it more, Mem ...”</i></p> <p data-bbox="898 1209 2024 1297"><i>“... People smoke weed because they want to get away from the pain, or when they are pressed ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
	<p data-bbox="521 823 622 852">3.3.2.3</p> <p data-bbox="521 874 790 903">Vision of the future</p>	<p data-bbox="898 308 2024 448"><i>“... Mem, some people also beliefs that dagga eases your pain, like there’s a situation at home, maybe you just fought with your mom, and you’ll go and smoke it ...”</i></p> <p data-bbox="898 470 1496 499"><i>“... And stress, it takes away stress ...”</i></p> <p data-bbox="898 521 1800 550"><i>“... Mem, I think that they use dagga, Mem, stress, Mem ...”</i></p> <p data-bbox="898 572 1868 601"><i>“... Sometimes they smoke dagga to calm themselves down ...”</i></p> <p data-bbox="898 624 1503 652"><i>“... Dagga makes you to relax, Mem ...”</i></p> <p data-bbox="898 858 1794 887"><i>“... Mem, and marijuana or weed, can ruin your dreams ...”</i></p> <p data-bbox="898 909 2024 1050"><i>“... Uhm, the use of dagga, Mem, it’s like it’s starting to destroy the youth of South Africa, because many children are using dagga and then they leaving school ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
3.3.3 Harmful effects	3.3.2.4 Tradition	<p><i>“... Mem, some people Mem, it’s tradition like it’s in their beliefs ...”</i></p> <p><i>“... They believe that when you smoke dagga, you get high and you are closer to God ...”</i></p> <p><i>“... But, Mem, sometimes like there are from your family, Mem, when someone in your family like smokes it ...”</i></p>
	3.3.3.1 Physical	<p><i>“... Stress your lungs ...”</i></p> <p><i>“... Damage your lungs ...”</i></p> <p><i>“... It makes your lungs black ...”</i></p> <p><i>“... Sometimes, smoking it gives you gum disease ...”</i></p> <p><i>“... Mem, you won’t recog recog recognize them after smoking it, they change, Mem, physically ...”</i></p> <p><i>“... The person who smokes weed, you can see them ...”</i></p> <p><i>“... It makes your teeth yellow ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
		<p><i>“... Their lips are black ...”</i></p> <p><i>“... It damages your skin ...”</i></p> <p><i>“... Their faces get wrinkles, Mem ...”</i></p> <p><i>“... They are old ...”</i></p> <p><i>“... They become very frail ...”</i></p> <p><i>“... And they age Mem, they age quicker ...”</i></p> <p><i>“... And this, Mem (shows with hands below the eyes), tea bags. I don’t know what they call them, Mem, (thickened eyelids) ...”</i></p> <p><i>“... Mem, and when you smoke, you become thin ...”</i></p> <p><i>“... And those boys are, they very, they very thin, Mem those who smoke dagga ...”</i></p> <p><i>“... Second hand smoking, it can do as much damage as the person smoking it ...”</i></p> <p><i>“... Mem, I heard that dagga can, it can also damage like your family in the long run, like maybe in the future, you – maybe you smoke now as a child, but it can like damage your future like your kids with the semen, your semen might have ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
	<p data-bbox="521 675 622 703">3.3.3.2</p> <p data-bbox="521 727 719 756">Psychological</p>	<p data-bbox="898 344 2011 485"><i>“... Mem, I noticed, Mem, after they smoke they go eat a lot at home and that’s what our parents say, Mem, when you eat like a lot, and the parents say “hey, are you smoking dagga? ...”</i></p> <p data-bbox="898 727 1966 756"><i>“... Mem, and other people, Mem, they lose like their concentration ...”</i></p> <p data-bbox="898 786 2011 863"><i>“... Mem, they lose their concentration because they they thinking of one thing and after smoking dagga ...”</i></p> <p data-bbox="898 893 1503 922"><i>“... They lose control of themselves ...”</i></p> <p data-bbox="898 952 1413 981"><i>“... Mem, you are not yourself ...”</i></p> <p data-bbox="898 1011 1765 1040"><i>“... Your legs are cut off, it’s like your legs are cut off ...”</i></p> <p data-bbox="898 1070 1464 1099"><i>“... Your brain is somewhere else ...”</i></p> <p data-bbox="898 1129 1240 1158"><i>“... You see things ...”</i></p> <p data-bbox="898 1189 1330 1217"><i>“... You also hear things ...”</i></p> <p data-bbox="898 1248 1621 1276"><i>“... And you won’t remember what you said ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
	3.3.3.3 Addiction	<p><i>“... It’s highly addictive ...”</i></p> <p><i>“... Mem, all I know is that it’s a subs, it’s a substance that makes you high and very addictive ...”</i></p> <p><i>“... Uhm, the use of dagga, Mem, it’s like it’s starting to destroy the youth of South Africa, because many children are using dagga and then they leaving school, because they are addicted and start stealing from their parents just to buy eh the marijuana and all that ...”</i></p> <p><i>“... There are also people, Mem, that want to stop using dagga, but they say it’s addictive, Mem ...”</i></p> <p><i>“... I think you can’t stop, I think when you use dagga, Mem, you can’t ...”</i></p> <p><i>“... Mem, you always get very hungry, Mem, when you travel long kilometres to uh get dagga, when you addicted and really don’t get it, you get creeps ...”</i></p>

CATEGORIES	SUB-CATEGORIES	THEMES
	3.3.3.4 Criminal behaviour	<p><i>“... And I will also say Mem, for a person who has been smoking weed, Mem, like they will do whatever they will just to get enough money to go buy weed, even if they have to steal, or some people are so desperate that they will kill someone just to get dagga ...”</i></p> <p><i>“... Uhm, the use of dagga, Mem, it’s like starting to destroy the youth of South Africa, because, many children are using dagga and they leaving school, because they are addicted and start stealing from their parents just to buy eh the marijuana and all that ...”</i></p> <p><i>“... Some boys go against this and they make housebreaking, then after making housebreaking, they sell those things so that they can get dagga, Mem ...”</i></p>

SUMMARY

Cannabis usage increases the risk of contracting HIV and AIDS due to risky sexual practices, as it affects the user's sense of proper judgement and leads to disintegration of families. Considering the involved risks and the negative effects cannabis has on the mental health of adolescents and the severe shortage of available / appropriate services, it is clear that there is a shortfall regarding the support of cannabis abusing adolescents and their families. However, it is a gap that the Child Psychiatric Nurse Specialist can fill, by enabling the adolescent males to air their viewpoints regarding the use of cannabis freely. Understanding the viewpoints of adolescent males on the use of cannabis in Kimberley may assist the Child Psychiatric Nurse Specialist in possibly empowering them through preventive and promotive life skills programs.

There are only two South African National Councils of Alcoholism (SANCA) centres in the Northern Cape Province, situated in Upington and Kimberley; these centres also deal with abuse of other drugs and cannabis. There is no in-patient facility for the adolescents in the province and patients are either send to the Gauteng or the Free State province. Those parents that belong to a medical aid scheme can send their adolescents for two week detoxifying and counselling sessions at private psychiatric hospitals in the Free State province. These programs are extensive but very expensive.

The purpose of this study was to explore and describe the viewpoints of adolescent males in Kimberley regarding the use of cannabis.

The research methodology used is qualitative, explorative, descriptive and contextual in design. Focus group interviews were used to collect data in the concerned school in Kimberley. An exploratory study was conducted to test the relevance and clarity of the question on the viewpoints of the adolescent males in Kimberley regarding the use of cannabis. The question was well

understood by the participants and did not change for the main study. Data from this study formed part of the main data bank.

Data obtained during the focus group interviews were analysed according to the steps proposed by Tesch. The data categories identified included a sense of belonging, the adolescents' belief system, knowledge of cannabis' harmful effects and a miscellaneous category of unrelated comments. The category about belonging was divided into the following sub-categories: peer pressure, popularity and curiosity. The category belief system was also divided into sub-categories, namely healing, relaxation, vision of the future and tradition. The category on harmful effects had four sub-categories, viz. physical/psychological, addiction and criminal behaviour. The last category, being miscellaneous, had three sub-categories: Advantages, family and boredom.

Trustworthiness of the data is supported by employing the criteria of Lincoln & Guba: truth value, applicability, consistency and neutrality.

Recommendations from the study are based on the identified categories and themes. The results briefly indicate that parents / guardians, teachers, the community members, churches, health-care professionals, as well as the Departments of Health, Social Development and Education, all had a role to play in ensuring that vulnerable adolescents' occupy their leisure time constructively. This can be in the form of engaging in sport, games or youth programmes like "Ke Moja" and "Love Life" after school and during school holidays, in order to minimize the risk of the adolescents using cannabis and other types of drugs from boredom. The preventative strategies that the researcher has formulated will also assist the adolescents to fruitfully utilizing their time in order to prevent boredom and engaging in substance abuse with cannabis.

OPSOMMING

Die gebruik van dagga verhoog die risiko om MIV-infeksie of VIGS weens seksuele praktyke op te doen, aangesien dit die gebruiker se oordeel benadeel en veroorsaak dat gesinne disintegreer. In aggenome die risikos en negatiewe effek wat dagga op die geestesgesondheid van adolessente het, en die skreiende tekort aan toepaslike behandelingsfasiliteite, behoort dit duidelik te word dat daar 'n gebrek aan ondersteuning vir dagga misbruikende adolessente en hulle gesinne bestaan. Hierdie leemte kan egter deur Kinderpsigiatriese Verpleegspesialiste gevul word. Dit sou die adolessente seuns die kans gun om hulle standpunt oor daggagebruik vrylik te lig. Begrip oor die standpunt van adolessente seuns oor die gebruik van dagga in Kimberley kan die Kinderpsigiatriese Verpleegspesialis dan weer help om met voorkomende en bevorderende programme oor lewensvaardighede in te tree.

Daar is slegs twee Suid Afrikaanse Nasionale Raad vir Alkoholisme (SANRA) sentrums in Kimberley en Uprington in die Noord Kaap, wat ook met die misbruik van ander dwels en dagga belas is. Daar is egter geen adolessente binne-pasiënt fasiliteite nie, en pasiënte word vir rehabilitasie na óf die Gauteng óf Vrystaat provinsies gestuur. Ouers met mediese fondse kan bekostig om hul adolessente vir twee weke vir detoksifikasie en berading na privaat psigiatriese hospitale in die Vrystaat te stuur. Hierdie programme is uitgebreid maar baie duur.

Die doel van die studie was ontginning en uiteensetting van die siening van adolessente skoolseuns oor die gebruik van dagga in Kimberley.

Die navorsinsmetodologie vir die studie is kwalitatief, ondersoekend, beskrywend en kontekstueel van aard. Fokusgroep onderhoude is in die betrokke skool in Kimberley aangewend om data mee te versamel. 'n Ondersoekende studie is geloots om die relevansie en duidelikheid van die vraag aan die skoolseuns te toets. Aangesien die vraag goed deur alle

adolesente seuns verstaan is, is dit onverander gelaat en die data wat daardeur versamel is, ook na die hoofstudie oorgedra.

Om betroubaarheid te verseker is die data wat gedurende die onderhoud versamel is volgens die stappe van Tesch se protokol ontleed. Data kategorieë, sub-kategorieë en temas is identifiseer. Die adolessente se sin van vereenselwing, hul persoonlike oortuiging, hul kennis oor die negatiewe uitwerking van dagga, en 'n algemene kategorie van onverwante opmerkings is as hoof kategorieë ontwikkel. Onder die kategorie vereenselwing, het portuurgroepdruk, populariteit en nuuskierigheid as die sub- kategorieë ontwikkel, terwyl genesing, ontspanning, toekomsvisie en tradisie as die persoonlike oortuiging se sub- kategorieë identifiseer is. In die kategorie oor die skadelike uitwerking van dagga, is fisieke / fisiologiese afhanklikheid en kriminele optrede as die sub- kategorieë identifiseer. In die algemene kategorie is drie sub-kategorieë vasgestel, naamlik voordele, familie en verveling.

Die betroubaarheid van die studie is deur toepassing van die kriteria van Lincoln & Guba, naamlik waarheidswaarde, toepaslikheid, digtheid en neutraliteit, ondersteun.

Die studie se aanbevelings is gegrond op die vasgestelde kategorieë en temas. Die resultate dui kortliks daarop dat ouers / voogde, onderwysers, gemeenskapslede, kerke, gesondheidspersoneel, sowel as die Departemente van Gesondheid, Sosiale Ontwikkeling en Onderwys almal 'n rol het om te verseker dat blootgestelde adolessente hulle vryetyd meer konstruktief bestee. Dit kan in die vorm van sport, speletjies of jeugprogramme soos "Ke Moja" en "Love Life" na skool en gedurende vakansies plaasvind, om sodoende die risiko dat adolessente dagga of ander dwelms weens verveling gebruik, te verminder. Die voorkomende strategieë wat deur die Kinderpsigiatriese Verpleegspesialis navorser formuleer is, kan ook aangewend word om adolessente seuns te help om hulle tyd meer positief aan te wend, en verveling, met gevolglike daggamisbruik, te voorkom.