

Industry Professionals' Views on How to Create Brand Equity for Medical Marijuana Brands

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DECLARATION

I, Hayley Clare Brown, hereby declare that this Research Report submitted for the Honours in Strategic Brand Communication degree to The Independent Institute of Education is my own work and has not previously been submitted to another University or Higher Education Institution for degree purposes. All sources that have been used in this dissertation have been acknowledged and referenced using the Harvard reference style.

Student number: 19014056

Date: 25 October 2019

A handwritten signature in black ink, appearing to read 'H.C. Brown', is positioned above a horizontal blue line.

Signed: H.C Brown

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ABSTRACT

It is no longer illegal to privately cultivate and/or use marijuana for recreational and/or medical purposes in South Africa. However, many South Africans still attach a stigma to marijuana regardless of its purpose. This acts as a barrier for medicinal brands operating within this industry, to be successful. However, research shows that brand equity is a crucial factor contributing to the success of a brand. It is therefore important to find ways in which brand equity can be created for medical marijuana brands to overcome the stigma that many South Africans attach to marijuana use. This study researched ways in which brand equity could be created for medical marijuana brands operating within KwaZulu-Natal, South Africa. Qualitative research was conducted using interviews, interview schedules and ethnography as data-collection methods. This allowed the researcher to obtain in-depth, insightful responses from marketing and/or marijuana Industry Professionals. As a result of this research, it was identified that brand awareness, brand loyalty, brand image and perceived quality (all brand equity components) contribute to the success of a brand. It is therefore highly advisable for medical marijuana brands to focus on these components in order to build brand equity to overcome the stigma attached to marijuana.

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CHAPTER ONE: INTRODUCTION AND OVERVIEW OF RESEARCH

1.1. Introduction

The recent legalisation of medical marijuana in South Africa shows a true aspect of African innovation. This poses as an opportunity for medical marijuana brands operating within this market to exploit (Craig, 2019). However, Satterlund, Lee and Moore (2015) identified that individuals who use medical marijuana, even as a result of doctors' recommendations, are often stigmatised for this practice. This stigmatism directly impacts medical marijuana brands' abilities to create positive brand images and brand awareness within the South African market. As a result, medical marijuana brands operating within South Africa face difficulty in creating brand equity. The aim of this study was to overcome this problem by determining how to create brand equity for such brands.

1.2. Contextualisation

An alarming statistic states that by 2025 the international legal cannabis market will be worth approximately 146 billion United States Dollars (Grand View Research, 2019). Moreover, the legalisation of marijuana has resulted in an increase in the demand for cannabis products globally and has led to the introduction of marijuana legalisation in many countries, including South Africa (Grand View Research, 2019). This legalisation has resulted in the establishment of numerous medical marijuana brands across South Africa.

Brand equity plays a pivotal role in the success of brands operating in today's marketplace (Çifci, Ekinici, Whyatt, Japutra, Molinillo & Siala, 2016). This concept can be defined as a group of assets and liabilities that are linked to a brand name and symbol which represent the additional value a product adds to a company or its customers respectively (Aaker, 1991). It is therefore evident that brands operating within the medical marijuana market need to create brand equity in order to remain successful. Based on the aforementioned stigmatism, such brands may face difficulty in creating brand equity. In order to fill this gap, the aim of this study was to explore ways in which brand equity can be created for medical marijuana brands by gaining insight from Industry Professionals through interviews and interview schedules.

1.3. Rationale

Establishing brand equity is crucial to the success of an organisation, especially in a competitive marketplace (Chow, Ling, Yen, & Hwang, 2016). In 2018, the marijuana market in South Africa was worth \$125 million which is expected to increase to \$776

million in 2027 (Crampton, 2018). Therefore, this industry is expected to grow drastically within the next few years potentially resulting in a highly competitive marketplace. The creation of brand equity will therefore be necessary for brands to remain successful and competitive within this market. However, medical marijuana brands in South Africa have struggled to build brand equity as a result of the stigma attached to marijuana (Scadron, 2017).

This study is thus of high importance to such brands as it has identified ways in which these brands can create brand equity based on Industry Professionals' views. The results of this study have the ability to equip medical marijuana brands operating in South Africa with the necessary information on ways to build brand equity and overcome the stigma people attach to marijuana.

This study therefore generated results that may contribute to the success of brands trading in the medical marijuana market in KwaZulu-Natal (KZN), South Africa. These results will aid such brands in the creation of brand equity.

1.4. Problem Statement

It is no longer illegal to privately cultivate and/or use marijuana for recreational and/or medical purposes in South Africa (de Villiers, 2018). However, many South Africans attach a stigma to the use of marijuana regardless of its purpose (Daniel, 2018). Satterlund *et al.* (2015) support this statement by confirming that individuals who use medical marijuana as a result of doctors' recommendations are stigmatised for this practice. Stigmatisation is a major problem faced by medical marijuana brands trading in the South African market as it inhibits such brands' ability to be successful.

This has a direct impact on medical marijuana brands' abilities to create positive brand awareness, brand image, brand loyalty and perceived quality within the South African market. As a result, such brands face difficulty in creating brand equity. Having strong brand equity provides numerous benefits to organisations and consumers respectively and contributes to the success of a brand (Klopper & North, 2011; Chow *et al.*, 2016). Brand equity is therefore a crucial factor contributing to the success of a brand.

The aforementioned stigma therefore acts as a barrier for brands operating within this industry to be successful. It is therefore vital to find ways to create brand equity for these brands in order to ensure future success. No previous research regarding the creation of brand equity for medical marijuana brands in South Africa has been conducted. This study

therefore aimed to suppress this knowledge gap through the generation of new knowledge as mentioned in the rationale. This was done through the identification of ways in which such brands can create positive brand images, brand awareness, brand loyalty and perceived quality respectively. The research was therefore conducted to address the problem of stigmatism that medical marijuana brands face.

1.5. Purpose Statement

The purpose of this study was to determine how one would create brand awareness, brand loyalty, brand image and perceived quality for medical marijuana brands trading in KZN, South Africa. This study therefore explored ways in which brand equity could be created to ensure future success of medical marijuana brands trading in KZN. Findings were based on the views of Industry Professionals in order to ensure that results were legitimate and accurate.

1.6. Research Questions

The research questions of this study were as follows.

1.6.1. Primary Research Question

How would Industry Professionals create brand equity for a medical marijuana brand trading in KZN, South Africa?

1.6.2. Secondary Research Questions

- How would Industry Professionals create brand awareness to build brand equity for a medical marijuana brand trading in KZN, South Africa?
- How would Industry Professionals create brand loyalty to build brand equity for a medical marijuana brand trading in KZN, South Africa?
- How would Industry Professionals create a positive brand image to build brand equity for a medical marijuana brand trading in KZN, South Africa?
- How would Industry Professionals achieve high perceived quality to build brand equity for a medical marijuana brand trading in KZN, South Africa?

1.7. Research Objectives

The following research objectives were based on the aforementioned research questions.

1.7.1. Primary Research Objective

To determine how Industry Professionals would create brand equity for a medical marijuana brand trading in KZN, South Africa.

1.7.2. Secondary Research Objectives

- To determine how Industry Professionals would create brand awareness to build brand equity for a medical marijuana brand trading in KZN, South Africa.
- To determine how Industry Professionals would create brand loyalty to build brand equity for a medical marijuana brand trading in KZN, South Africa.
- To determine how Industry Professionals would create a positive brand image to build brand equity for a medical marijuana brand trading in KZN, South Africa.
- To determine how Industry Professionals would achieve high perceived quality to build brand equity for a medical marijuana brand trading in KZN, South Africa.

1.8. Scope of the Study

This was a small-scale qualitative study that was conducted within areas around Durban, KZN, South Africa.

1.9. Chapter Outline

1.9.1. Chapter One: Introduction and Overview of Research

This chapter focused on the background and contextualisation of the study. The problem upon which this study was based was highlighted and the rationale for this study was discussed. The research questions and objectives were also stated in this chapter.

1.9.2. Chapter Two: Literature Review

This chapter entails a discussion of the theoretical foundation in which theories related to the aforementioned research problem and objectives are discussed. Conceptualisation of this study is also discussed here.

1.9.3. Chapter Three: Research Methodology

This chapter introduces and discusses the research methodology and research paradigm that were followed in this study. Trustworthiness and credibility are also discussed here followed by anticipated contribution, ethical considerations and limitations.

1.9.4. Chapter Four: Presentation and Discussion of Findings

This chapter focuses on the presentation and discussion of this study's findings.

1.9.5. Chapter Five: Conclusions and Recommendations

This chapter entails the linking of research objectives to relevant findings. Conclusions as well as recommendations for future research are also discussed here.

1.10. Summary

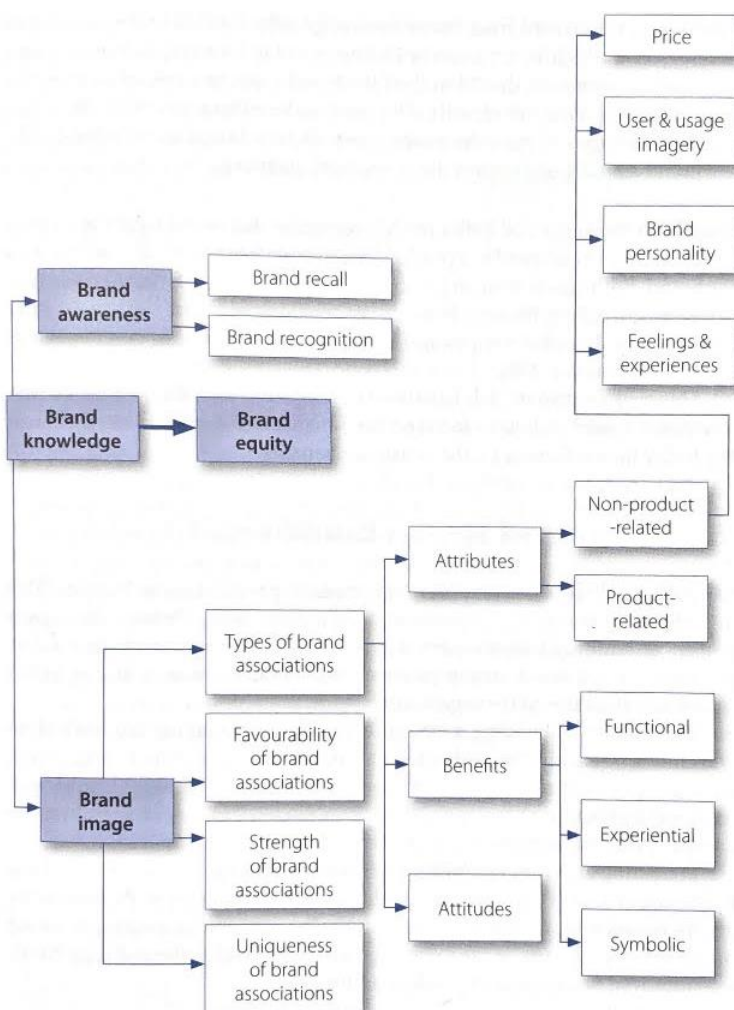
This study was based on Industry Professionals views' in order to identify ways in which brand equity could be created for medical marijuana brands. Brand equity forms a crucial part of a brands success, however the stigma attached to medical marijuana is inhibiting medical marijuana brands' abilities to create positive brand images and brand awareness. Therefore it is of high importance to find ways in which brand equity can be created for medical marijuana brands. This chapter has presented the study's rationale, problem statement as well as research questions and objectives. The following chapter will entail a literature review.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

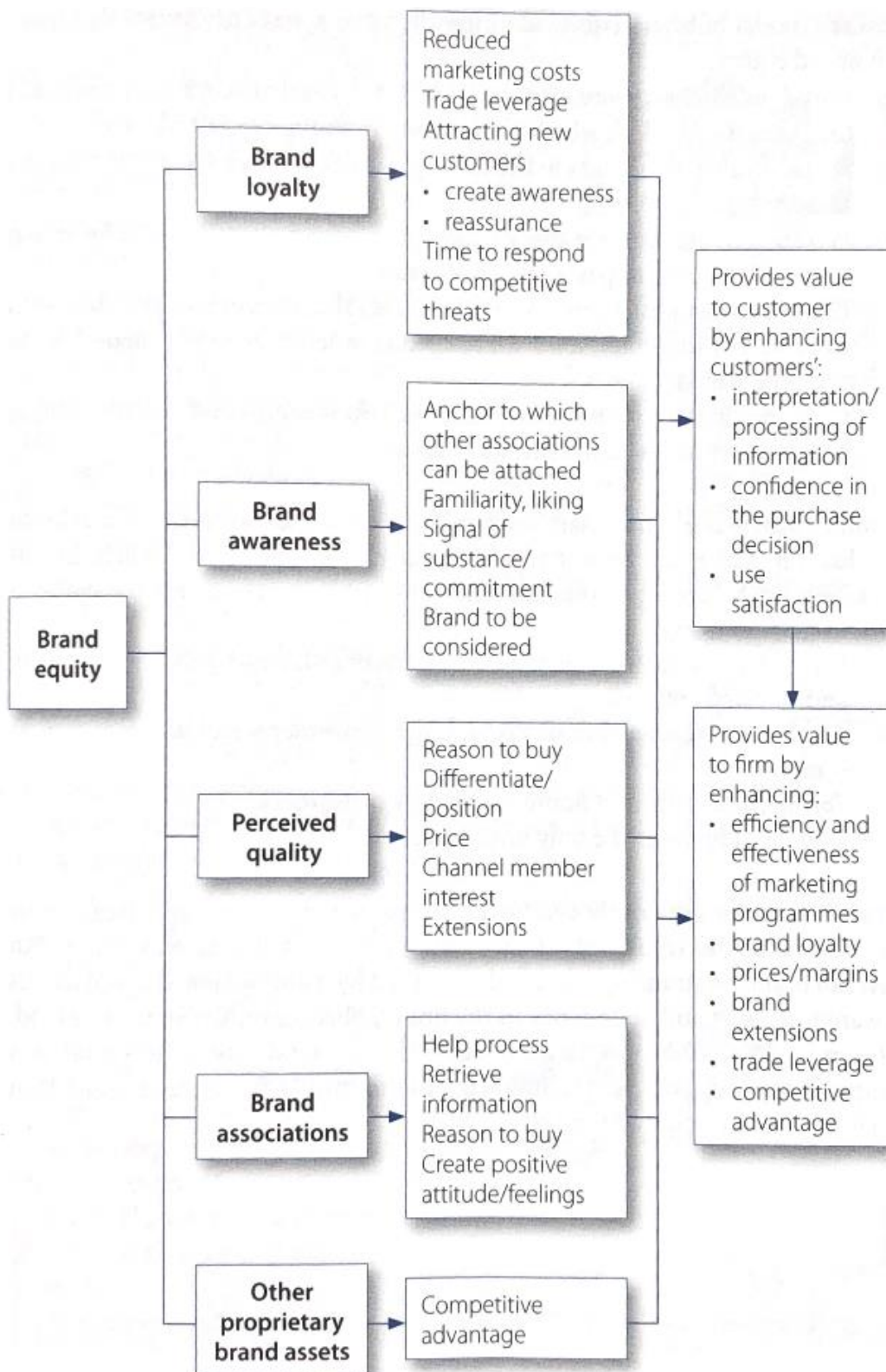
This literature review consists of a theoretical foundation in which theories related to the aforementioned research problem and objectives are discussed. The two key theories that are discussed here are Keller's model of brand equity as well as Aaker's model of brand equity (as seen in Figure 1 and Figure 2). Parts of these models have been used in conjunction with one another in order to address the theory of each research objective accurately. These theories are integral to this study as the research objectives are directly related to the creation of brand equity. The relevant key concepts of this study are also discussed. Furthermore, this literature review entails a detailed discussion of this study's selected paradigm namely, interpretivism. The reasoning behind this paradigm's selection is also discussed.

Figure 1: Keller's Model of Brand Equity



Source: Klopfer and North (2011: 39)

Figure 2: Aaker's Model of Brand Equity



Source: Klopper and North (2011: 35)

2.2. Theoretical Foundation

Following Aaker's model of brand equity and Keller's model of brand equity, this study used a brand equity measure that consists of four dimensions namely, brand awareness, brand loyalty, brand image and perceived quality. Parts of these models were used in conjunction with one another in order to determine ways in which brand equity could be created for medical marijuana brands from both an organisational and marketing perspective. Each research objective was linked to a particular part of one (or both) brand equity models.

These particular models were chosen as they are directly related to the aforementioned research problem. As mentioned in the problem statement, medical marijuana brands trading in the South African market face the major problem of stigmatisation which is inhibiting such brands' abilities to be successful. This problem has a direct impact on medical marijuana brands' abilities to create positive brand awareness, brand image, brand loyalty and perceived quality within the South African market. These brands therefore face difficulty in creating brand equity. Aaker's model of brand equity as well as Keller's model of brand equity are two of the most trusted brand equity models upon which hundreds of peer reviewed articles have been based (Klopper *et al.*, 2011). These models are of high relevance to this study as components of these models have been used as a guideline to determine ways in which brand equity can be created based on Industry Professionals' views.

According to Yoo, Donthu and Lee (2000), brand equity can be defined as the value that is added to products, firms and customers through brand names and symbols. Aaker (1991) defines brand equity as a group of assets and liabilities that are linked to a brand name and symbol which represent the additional value a product adds to a company or its customers respectively. Furthermore, Aaker (1991) believes that brand equity consists of various brand assets including brand loyalty, brand awareness, perceived quality, brand associations as well as other proprietary brand assets. However, in contrast, Keller looks at brand equity from a consumer perspective therefore defining customer-based brand equity as the extent to which having knowledge of a brand effects customers responses to that brand's marketing (Keller, 1993). Keller's model of brand equity therefore consists of the following dimensions and outcomes namely, brand knowledge, brand awareness as well as brand image (Abratt, Bick, Ehlers, Klopper, Koekemoer, Mulder, Niemann-Struweg, North, & Ntsubane, 2011). Brand equity is therefore a construct that consists of multiple dimensions (Abratt *et al.*, 2011; Yoo *et al.*, 2000).

2.2.1. Objective One

The first objective of this study was to determine how Industry Professionals would create brand awareness to build brand equity for a medical marijuana brand. This research objective relates to both Aaker's and Keller's models of brand equity respectively. As mentioned above, brand equity is a construct that consists of multiple dimensions including brand awareness. It is therefore evident that brand awareness plays a crucial role in building brand equity. According to Percy and Rossiter (1992), brand awareness can be described as how capable an individual is in identifying a brand within a specific category with close attention to detail when making a purchase. Keller (1993) believes that a brand's name awareness is directly related to the possibility of that brand coming to an individual's mind as well as how easily this occurs. It is therefore evident that brand awareness represents the ability of consumers to recognise or recall a brand which in turn is related to the existence of a brand within the minds of consumers (Vukasović, 2016).

Research shows that Aaker's model of brand equity as well as Keller's model of brand equity both indicate that brand awareness can be measured through brand recognition and brand recall, as seen in Figure 3 (Abratt *et al.*, 2011; Percy *et al.*, 1992).

Figure 3: Measures of Brand Awareness

BRAND AWARENESS	
Brand Recognition (at-point-of-purchase)	Brand Recall (prior to purchase)
BRAND ATTITUDE	
Low Involvement Informational	Low Involvement Transformational
High Involvement Informational	High Involvement Transformational

Source: Percy *et al.* (1992)

Together brand recognition and brand recall contribute to brand awareness, however, a distinct difference exists between the two. Abratt *et al.* (2011) state that brand recognition directly relates to a consumer's past experience with a brand therefore indicating a sense of familiarity and likability. In contrast to this, brand recall refers to the remembrance that a consumer has of a particular brand when a specific class of products is mentioned (Abratt

et al., 2011). The existence of both brand recall and recognition are therefore crucial in order to achieve brand awareness.

The aforementioned theories were therefore relevant to this study due to the fact that brand equity cannot be created if brand awareness is not achieved. Brand awareness is therefore a prerequisite in order to create brand equity (Aaker, 1991; Keller, 1993). As a result, these models were used as a guideline in asking Industry Professionals how they would create brand awareness for a medical marijuana brand in order to build brand equity.

2.2.2. Objective Two

The second objective of this study was to determine how Industry Professionals would create brand loyalty to build brand equity for a medical marijuana brand. Many definitions for brand loyalty exist. Firstly, brand loyalty measures the extent to which a customer is attached to a brand (Aaker, 1991). If a customer continues to buy a specific brand irrespective of competitors' products, brand loyalty is seen to exist. Supporting this, Abratt *et al.* (2011) states that brand loyalty can be defined as how willing a consumer is to repurchase the same brand. Brand loyalty therefore plays an important role in the creation of brand equity.

Aaker (1991) explains that an increase in brand loyalty results in the reduction of competitors. Having brand loyalty therefore gives brands the opportunity to generate future profits which directly link to future sales (Aaker, 2011). Furthermore, Aaker (2011) states that brand loyalty is differentiated from other brand equity dimensions as this dimension is directly related to user experience. Brand loyalty will therefore not exist if previous user experiences or purchases have not been made which will therefore inhibit the creation of brand equity. It is therefore evident that brand loyalty is an important contributor to creating brand equity.

Aaker's model of brand equity, more specifically the brand loyalty dimension, was therefore of high relevance to this study. In order to create brand equity for medical marijuana brands, it is evident that brand loyalty is of high importance. This part of Aaker's model was therefore followed to identify ways in which Industry Professionals would create brand equity for medical marijuana brands with reference to brand loyalty.

2.2.3. Objective Three

The third objective of this study was to determine how Industry Professionals would create a positive brand image to build brand equity for a medical marijuana brand. According to Abratt *et al.* (2011), brand image can be defined as the perceptions that consumers have about a brand due to the brand associations that exist within the minds of these consumers. Consumers associate various attributes (which can be product-related or non-product-related) with a brand. These attributes are referred to as brand associations (Aaker, 1991). However, according to Keller (1993), a brand's attributes is not the only dimension contributing to brand image. Brand image also entails two other important dimensions, namely attitudes as well as benefits. Keller's model of brand equity shows that three types of benefits exist. These benefits are functional, experiential and symbolic (Keller, 1993). The aforementioned brand associations assist in the creation of positive attitudes towards brands therefore contributing to the development of brand equity (Abratt *et al.*, 2011). Brand image is thus of vital importance in the creation of brand equity.

A strong brand image also provides differentiation amongst competitors within the minds of consumers and also aids in the generation of future profits (Foroudi, Jin, Gupta, Foroudi & Kitchen, 2018). Furthermore, Foroudi *et al.* (2018) suggest that brand image can also be used as a communication tool. It is also of high importance to ensure that a brand image is cohesive and consistent in order to help create brand equity. Brand image is therefore of high relevance to this study due to the fact that the creation of a strong brand image will result in the creation of brand equity.

As mentioned previously, medical marijuana brands in South Africa face difficulty in creating brand equity. By focusing on creating a strong brand image, this could aid these brands in the creation brand equity. However, in order to find the most appropriate ways in which this can be done, Industry Professionals' views and opinions were used as a guideline. Keller's model of brand equity and Aaker's model of brand equity therefore played important roles in providing the steps towards brand equity creation. These models were therefore used as a foundation upon which strong brand images could be created.

2.2.4. Objective Four

The last objective of this study was to determine how Industry Professionals would achieve high perceived quality for a medical marijuana brand in order to build brand equity. Abratt *et al.* (2011) define perceived quality as a consumer's 'motive to purchase', for which they are willing to purchase products/services of premium prices. Perceived quality can be used

as a point of differentiation amongst competing brands and is also known to be the only brand asset that has the ability to generate improved financial performance through price premiums (Abratt *et al.*, 2011). It is also important to note that perceived quality is an intangible brand asset based on consumers' overall feelings about brands (Aaker, 1991).

Perceived quality thus plays an important role in the creation of brand equity. If consumers have a low perceived quality of a brand, it will be difficult for a brand to create brand equity (Aaker, 1991). It was therefore of high relevance to include perceived quality as a key concept within this study in order to determine ways in which high perceived quality could be achieved. Medical marijuana brands in South Africa face difficulty in this regard due to the stigma attached to marijuana. Industry Professionals were therefore of high importance to this study in finding the most effective ways to achieve high perceived quality. Perceived quality, as a brand asset of Aaker's model of brand equity, therefore played a crucial role within this study.

2.3. Conceptualisation

As mentioned previously, medical marijuana brands operating within KZN, South Africa face the problem of stigmatisation across the country. The stigma attached to marijuana acts as a barrier for such brands to be successful within the South African market. Stigma was therefore a key concept as grasping an understanding of it was of high importance to this study. This study also utilised components of Aaker's model of brand equity and Keller's model of brand equity respectively. Brand equity was thus an important concept to understand. Various components of brand equity were also considered as key concepts.

Key concepts therefore included:

- Stigma: This concept can be defined as "a mark of disgrace" (Dictionary.com, [s.a]).
- Medical marijuana: This can be defined as cannabis that is used for medicinal purposes as opposed to recreational purposes (DePietro, 2016). This entails extracting cannabidiol (CBD) out of the cannabis plant for health related benefits. CBD, unlike tetrahydrocannabinol (THC), is not psychoactive or intoxicating and is only used for medicinal purposes (DePietro, 2016). This was highly relevant to this study as research was based on medical marijuana brands.
- Brand equity: Aaker (1991) defines brand equity as a group of assets and liabilities that are linked to a brand name and symbol which represent the additional value a product adds to a company or its customers respectively. Brand equity is fundamental to the success of a brand (Çifci *et al.*, 2016). This study was based on

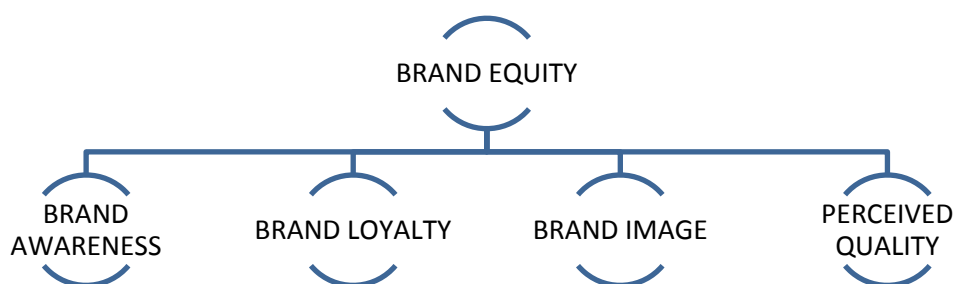
ways in which brand equity could be created for medical marijuana brands. Brand equity was therefore a key concept within this research.

- Brand awareness: Brand awareness represents the ability of consumers to recognise or recall a brand which in turn is related to the existence of a brand within the minds of consumers (Vukasović, 2016). This concept was of high relevance to this study as it is a component of brand equity.
- Brand loyalty: The definition of this concept is how willing a consumer is to repurchase the same brand (Abratt *et al.*, 2011). This concept is a component of brand equity, thus it played a relevant role within this study.
- Brand image: This concept can be defined as the perceptions that consumers have about a brand due to the brand associations that exist within the minds of consumers (Abratt *et al.*, 2011). Brand image is a component of Keller's model of brand equity which was of high importance to this study.
- Perceived quality: Abratt *et al.* (2011) define this concept as a consumer's 'motive to purchase', for which they are willing to purchase products/services of premium prices. Perceived quality is a component of brand equity and was thus relevant to this study.

2.4. Summary

This literature review consisted of key concepts and theories that were pertinent to address the proposed objectives of this study. The literature provided an understanding of various components within each model of brand equity. Research regarding brand awareness, brand loyalty, brand image and perceived quality was therefore conducted in order to obtain insightful understandings. As seen below, Figure 4 shows a summary model of these components of brand equity. Chapter three will address the research methodology that was followed in this study.

Figure 4: Summary Model of Brand Equity



CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter entails in-depth descriptions of the research methodology and research design that were used to address the aforementioned research objectives. The research design is first explained followed by the research methodology.

3.2. Research Design

This section will first entail an explanation and justification of the selected research paradigm. Furthermore, the conceptual approach that is best suited to address the research purpose and objectives of this study is discussed. Finally, the research design will be explained in detail.

3.2.1. Research Paradigm

According to Abratt, *et al.* (2011) a paradigm can be defined as a set of beliefs concerning essential aspects of reality which result in a specific view of the world. Four elements make up a paradigm namely, axiology, methodology, epistemology as well as ontology (Kivunja *et al.*, 2017). These elements are imperative to understand as they encompass the values, beliefs, norms and assumptions of any paradigm. Axiology can be referred to as a study of values as well as value judgements (du Plooy-Cilliers, Davis & Bezuidenhout, 2014). Methodology on the other hand is a systemic process used to aid in problem solving. Furthermore, epistemology focuses on studying knowledge whereas ontology focuses on studying reality (du Plooy-Cilliers *et al.*, 2014).

Various research approaches exist however three of these paradigms hold dominant positions in qualitative research. These include positivism, interpretivism and critical realism (du Plooy-Cilliers *et al.*, 2014). Each of the three dominant positions in research can be explored in terms of the four previously mentioned elements that make up a paradigm.

However, this study followed an interpretivism approach. Interpretivism (sometimes also referred to as constructivism) is regarded as the theoretical framework for almost all qualitative research (Tuli, 2010; Creswell, Ebersohn, Elof, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen & Clark, 2016). From this perspective, qualitative researchers believe that people are responsible for the construction and interpretation of the world through the way in which they interact with one another as well as with other societal systems (Tuli, 2010). These researchers therefore believe that people create their own

understandings of the world through social constructionism. Interpretivism is therefore subjective in nature because reality highly depends on how people interpret personal experiences and interactions (du Plooy-Cilliers *et al.*, 2014). This prevents researchers from being isolated from their own values and opinions thereby influencing the way in which data are collected, interpreted and analysed (Ryan, 2018).

According to du Plooy-Cilliers *et al.* (2014), interpretivists strive to gain in-depth understandings of societal behaviours and experiences in order to determine what values, beliefs and meanings individuals instil. Furthermore, interpretivist researchers are naturalistic as they believe in uncovering the truths of everyday situations as they naturally occur. The research tactics used by interpretivists are also seen to be unobtrusive and do not manipulate or control the environment and/or individuals in order to obtain results (Tuli, 2010). Researchers therefore avoid using inflexible research structures and focus more on using structures that capture in-depth understandings of human behaviours and interactions (Edirisingha, 2012).

Interpretivism will be viewed in terms of its ontological position, epistemological position and methodological position. As mentioned previously, ontology is the study of reality. With regard to the ontological position of interpretivism, researchers are convinced that individuals experience reality in different ways thereby believing that multiple realities exist (du Plooy-Cilliers *et al.*, 2014; Edirisingha, 2012). To them, reality is perceived as a social construct (Tuli, 2010). Interpretivist researchers therefore believe that individuals have a unique understanding of reality as a result of social constructivism (Tuli, 2010).

With regard to the epistemological position of interpretivism, researchers are positive that an individual's common sense guides them in their daily life (du Plooy-Cilliers *et al.*, 2014). As interpretivists, researchers place huge emphasis on understanding human behaviour, common sense therefore plays a crucial role in this regard. It is also evident that researchers do not rely on facts as knowledge. This is because researchers believe that facts are highly dependent on the way in which individuals' interpret information (du Plooy-Cilliers *et al.*, 2014). Therefore, interpretations of information provide sources of knowledge as opposed to stated facts. The knowledge researchers obtain is therefore not generalised beyond a study's context due to the high dependence on human interpretations and experiences (du Plooy-Cilliers *et al.*, 2014).

The final position of interpretivism is the methodological position. According to Tuli (2010), epistemology and ontology have an influence of the research strategy (also known as

methodology) chosen to guide a study. Research methodologies translate the positions of ontology and epistemology into guidelines that will explain how the research will be conducted (Tuli, 2010). As mentioned previously, the aim of interpretivist researchers is to obtain in-depth understandings of social constructs; as a result interpretivist research is qualitative in nature (du Plooy-Cilliers *et al.*, 2014). Qualitative research enables interpretivist researchers to gain rich, in-depth information and details about social constructs. Interpretivist researchers therefore rely on qualitative research methodologies in order to gain insight into any field under investigation. The most common qualitative data gathering methods include interviews, focus groups, observations as well as narrative inquiries (du Plooy-Cilliers *et al.*, 2014; Tuli, 2010). Qualitative researchers aim to obtain findings that are descriptive and detailed in order to draw insights from the studied phenomena. Qualitative research therefore gives interpretivists the freedom to conduct research across the multiple steps of research without relying on numerical analysis of data (Tuli, 2010).

As mentioned previously, medical marijuana brands in South Africa face the challenge of creating brand equity due to the stigma attached to marijuana. In order to find ways to help overcome this problem, in-depth responses were obtained from industry professionals on ways to build brand equity. This study therefore placed emphasis on the interpretations of information from different Industry Professionals. These interpretations have provided sources of information that could be of high value to medical marijuana brands. However, it is important to note that the results of this study are only applicable to South African medical marijuana brands and cannot be generalised across different countries.

It is also believed that the participants of this study had internal views of reality, thus different realities existed amongst the study's sample. This introduced a degree of differentiation amongst the sample, which allowed the researcher to obtain various in-depth responses. Qualitative research was therefore necessary in order to gain insightful understandings of participants' views. Semi-structured interviews and ethnographic observations were conducted and interview schedules were sent out via email in order to acquire information to address the research problem. It is therefore evident that interpretivism was appropriate for this study as qualitative research is grounded on this paradigm.

3.2.2. Conceptual Approach

A thorough understanding of motivations and the discovery of new concepts require research to be qualitative in nature (Babin & Zikmund, 2015). Qualitative research depends on linguistic data as opposed to numerical data (Creswell *et al.*, 2016). Thus, data is analysed based on meanings and insights rather than statistics (Creswell *et al.*, 2016). This study aimed to gain a deep understanding of Industry Professionals' views in order to explore ways in which brand equity could be created for medical marijuana brands. Qualitative research was therefore the best suited research strategy to address the aforementioned research purpose and objectives.

Qualitative research was chosen as opposed to quantitative research. This is because in order to obtain an interpretive understanding of phenomena, qualitative research is necessary to uncover innermost meanings and truths (Thorne, 2000). Quantitative research involves the gathering of numerical data that can be categorised, ranked or measured (McLeod, 2019). This type of research aims to collect objective data to test a predetermined hypothesis. Therefore, quantitative research was not conducted in this study.

3.2.3. Research Design

Qualitative research was conducted as inductive reasoning processes were required to interpret and organise the meanings that were derived from the collected data (Thorne, 2000). Inductive reasoning processes were used as opposed to deductive reasoning processes. This is because the data that was collected in this study was used to generate ideas as opposed to confirm or reject an idea (Thorne, 2000). Furthermore, an exploratory research design was used as opposed to a conclusive research design as this study entailed the use of qualitative data collection methods. According to Surbhi (2017), exploratory research is utilised to explore a problem in order to generate insights into an investigation. This study had a certain degree of flexibility, which allowed the researcher to consider all aspects of the aforementioned research problem. Exploratory research was therefore suitable for this study.

This exploratory research design focused on collecting primary data through the use of semi-structured interviews and interview schedules (Shukla, 2008). All data was sampled and collected during the same time period. The research was therefore classified as cross-sectional. Cross-sectional research studies do not involve the manipulation of variables, but are rather used to gather information regarding a population in present times (Cherry,

2019). This type of study cannot be used to determine causal relationships, however, researchers conduct cross-sectional research in order to describe population characteristics and gather information that can be used to support future research (Cherry, 2019). Due to time constraints, this study was not longitudinal as such studies occur over an extended period of time (Cherry, 2019).

3.3. Research Methodology

The following section provides an explanation of the research plan that was used in this study. This includes detailed descriptions of this study's population, sampling, data-collection methods as well as data analysis methods. The trustworthiness and credibility of this study is also discussed here.

3.3.1. Population

Babin *et al.* (2016: 337) state that a population is 'any complete group of entities that share some common set of characteristics'. The population of interest in this study included all marketing professionals and medical marijuana experts that reside in KZN, South Africa. These individuals either have high expertise in marketing brands within South Africa or have good experience within the medical marijuana industry. The participants were referred to as Industry Professionals in this study.

The study aimed to collect data from a sample of these individuals in order to obtain holistic views on how to create brand equity for medical marijuana brands. The total number of individuals within this population was unknown to the researcher, as these records were not readily available. However, the sample that was drawn from the population consisted of Industry Professionals, male and female, that were over the age of 18 (for ethical reasons) and living in areas within KZN.

3.3.2. Sampling

The following section entails a description of this study's unit of analysis, sampling method as well as sample size.

3.3.2.1. Unit of Analysis

The unit of analysis in this study was Industry Professionals living within KwaZulu-Natal, South Africa. All participants were over the age of 18. South African Industry Professionals were chosen to inform this study as the results were expected to influence the marketing activity, more specifically the creation of brand equity, for medical marijuana brands operating within the South African market. It was therefore of high importance that such

individuals lived in South Africa, as this study was highly specialised towards South African medical marijuana brands. The results were therefore not generalised. Furthermore, for participants to be interviewed or emailed an interview schedule, it was imperative that they were Industry Professionals with exceptional experience. This was a requirement to ensure that results were of high credibility.

3.3.2.2. Sampling Method

This study used non-probability sampling therefore utilising non-randomised techniques in order to draw the sample (Showkat & Parveen, 2017). This is because a sampling frame was not readily available to the researcher. A sampling frame refers to a list from which individuals within a population are chosen for a sample (Stasny, 2001). This list consists of everyone who falls within the population. Therefore, no sampling frame was available as the researcher did not have access to a list of every Medical Marijuana professional and Marketing professional living in KwaZulu-Natal, South Africa. The non-probability sampling methods that were used in this study were convenience sampling, judgement sampling and snowball sampling.

Convenience and judgement sampling methods were chosen as the researcher had access to Industry Professionals. This was done through subjective judgement by the researcher. The researcher used convenience sampling by contacting individuals that were readily accessible and available to answer questions relating to the research objectives. Furthermore, judgement sampling was also used as the researcher selected participants that aligned with the purpose of this study based on their own judgement (Showkat *et al.*, 2017). These methods were of high relevance to this study due to its exploratory nature. Snowball sampling was also used as referral to take part within the research from existing participants to new participants occurred.

3.3.2.3. Sample Size

The sample size of this study was 9. Due to the recent legalisation of the medical marijuana industry, few legitimate industry experts were readily available to interview. This inhibited the researcher's ability to interview more than three individuals. However, the researcher obtained 6 responses from industry professionals through interview schedules that were sent out via email.

3.3.3. Data-collection Method(s)

This study conducted exploratory research by collecting qualitative primary data. This primary data was collected through in-depth, semi-structured interviews, ethnography and

interview schedules. The interview schedules were administered via email and ethnography was conducted at two cannabis expeditions. In-depth interviews were also conducted which enabled the researcher to obtain information about interviewees' beliefs, values, opinions, and views (du Plooy-Cilliers et al., 2014). These interviews allowed the researcher to ask open-ended questions and probe interviewees to gather insightful information (Creswell et al., 2016).

3.3.3.1. Interview Schedule

An interview schedule is referred to as a predetermined set of questions that have been compiled and reviewed by the researcher to guide them in the collection of data regarding a problem or subject (Martin, 2019). This study's interview schedule (as seen in Appendix A) consisted of open-ended questions that were directly related to the aforementioned research objectives. Open-ended questions were asked in order to obtain detailed, in-depth information regarding the creation of brand equity for medical marijuana brands. The interview schedules were sent out via email to respondents who were selected through judgement, convenience and snowball sampling. The researcher obtained the email addresses of six respondents from whom data was collected. Three email addresses were obtained through personal relationships (convenience and judgement sampling) whilst the remaining three email addresses were obtained through referrals (snowball sampling).

All questions included in the interview schedule were the same questions asked during the in-depth interviews. This allowed the researcher to obtain subjective information from respondents. An interview schedule was compiled for this study because of the advantages associated with it. Advantages being: increased probability of collecting accurate data, high degree of flexibility, and lastly a higher rate of responses (Martin, 2019).

3.3.3.2. Semi-structured In-depth Interviews

As mentioned above, semi-structured, in-depth interviews were also conducted. The researcher interviewed three individuals (two face-to-face and one over the phone) to obtain insightful information regarding this study's research objectives. These interviews were semi-structured which created a greater degree of flexibility. The researcher conducted the interviews with one respondent at a time. The nature of these interviews also required the researcher to be conversational in order to ensure the free-flow of information (Adams, 2015). These interviews were composed of both open-ended and closed-ended questions which were followed-up by 'why' questions (Adams, 2015). The

researcher ensured that appointments were made for all interviews beforehand. All respondents arrived on time and interviews were conducted efficiently and effectively. The interviews were also conducted within the public domain. The data gathered from these interviews was therefore not subject to any legal restrictions. These interviews were also recorded through a digital medium (with consent granted from each participant) which enabled the researcher to identify common themes more efficiently.

3.3.3.3. *Ethnography*

According to Creswell *et al.* (2016) 'ethnography refers to a qualitative design in which the researcher describes and interprets the shared and learned patterns of values, behaviours, beliefs, and language of a culture-sharing group'. Ethnography was utilised as a qualitative data-collection method as it allowed the researcher to obtain a greater understanding of how medical marijuana brands network within South Africa. Ethnographic data were conducted at a cannabis expedition held at Sibaya Casino in Durban and a Cannabis Convention held at Northwood Crusaders Sports Club in Durban North. In order to collect this data, the researcher utilised participant observation. This is an unobtrusive form of observation that allowed the researcher to inductively generate new explanations regarding the field of study that was investigated (Creswell *et al.*, 2016).

The reasoning behind the selection of the aforementioned data-collection methods was based on the qualitative nature of this study. In order to have obtained this study's actionable results, in-depth responses from Industry Professionals were required. It was therefore of high importance to ask open-ended questions in order to obtain such results. Sending out semi-structured, in-depth interviews and interview schedules via email as well as conducting ethnography resulted in the generation of such findings. These methods were therefore of high relevance to this study and ensured that triangulation existed. Triangulation refers to the use of more than one data-collection method when researching the same phenomenon (Creswell *et al.*, 2016).

3.3.4. **Data Analysis Method(s)**

The aim of data analysis is to organise and interpret understandings from the data that have been collected and thereafter draw reliable conclusions (Bengtsson, 2016). Content analysis was used to analyse the data that were collected in this study. As portrayed by Elo and Kyngash (2007), qualitative content analysis refers to the analysis of visual, verbal or written communications. Furthermore, Bengtsson (2016) proclaims that content analysis is more than just a process of counting. It also entails a process of linking research

findings to their context. Content analysis is therefore an organised process that allows a researcher to analyse visual, verbal or written data and make accurate interpretations thereof in order to describe a phenomenon (Bengtsson, 2016).

This study presented data in words as well as themes which enabled the researcher to interpret the findings. The researcher followed a manifest analysis of the data collected. A manifest analysis entails describing what participants actually say in interviews or actually write in interview schedules (Bengtsson, 2016). The researcher therefore heavily relied on the text, re-using words proclaimed by participants and describing the data as seen.

The researcher followed four steps in order to analyse the qualitative data through content analysis. These four steps include (Bengtsson, 2016):

1. Decontextualisation
2. Recontextualisation
3. Categorisation
4. Compilation

In short, decontextualisation required the researcher to familiarise themselves with the data that were collected. This entailed reading through the text before breaking it up into meaning units (Bengtsson, 2016). This process was then followed by recontextualisation. This entailed ensuring that all relevant content was obtained in context of the study's purpose (Bengtsson, 2016). Thereafter, categorisation of data was completed. In this process, the researcher first reduced the number of words while keeping all relevant content. After this, the researcher created categories of data (Bengtsson, 2016). Lastly, the researcher compiled the data testing whether or not the results were credible (Bengtsson, 2016).

3.3.5. Trustworthiness and Credibility

According to Creswell *et al.* (2016), the most important measure in qualitative research is trustworthiness. As proposed by Guba (1981, Cited by Creswell *et al.*, 2016), in order to address the trustworthiness of a study, four criteria of qualitative research trustworthiness should be considered. These criteria include: credibility, transferability, dependability and confirmability.

3.3.5.1. Credibility

According to Anney (2015:5), this measure is defined as 'the confidence that can be placed in the truth of the research findings'. In order to heighten the credibility of this study,

the researcher ensured that a well-established research methodology was adopted (Creswell *et al.*, 2016). Credibility was also heightened through triangulation as interviews, interview schedules and ethnography were utilised. Regular sessions were also held between the researcher and her supervisor to debrief which also enhanced the study's credibility (Creswell *et al.*, 2016).

3.3.5.2. *Transferability*

This measure refers to the extent to which research findings can be transferred from existing contexts with existing participants to different contexts with differing participants (Anney, 2015). In order to increase the transferability of this study, the researcher utilised purposeful sampling. Purposeful sampling occurs when a researcher selects participants with a 'purpose' in order to be representative of a group with regard to the phenomenon being studied (Creswell *et al.*, 2016). The researcher selected participants based on various criteria. For example, participants were selected based on their occupation in order to ensure that these individuals provided credible to inform research findings.

3.3.5.3. *Dependability*

According to Anney (2015), this measure is the degree to which findings are stable over a period of time. In order to ensure that dependability existed within this study, triangulation was utilised. The researcher also ensured that the process of integration between the data-collection methods, data analysis method and data findings were of acceptable quality based on seminal sources (du Plooy-Cilliers *et al.*, 2014).

3.3.5.4. *Confirmability*

Confirmability is an indication of how well data are analysed to generate accurate findings that are not subject to researcher bias (du Plooy-Cilliers *et al.*, 2014). In order to ensure that confirmability was achieved, triangulation was utilised. The researcher also made an effort to ensure that no researcher bias was prevalent in order to ensure accurate results.

3.4. *Summary*

Chapter three consisted of this study's research methodology with specific relation to the research design, research paradigm, conceptual approach, population, sampling, data-collection methods, data analysis method as well as trustworthiness and credibility. The qualitative nature of this study was addressed throughout each section respectively in order to ensure that qualitative research results were generated. The following chapter entails the presentation and discussion of research findings. This will be followed by chapter five which includes conclusions and recommendations for future research.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF FINDINGS

4.1. Introduction

The presentation and discussion of the research findings that were collected through interviews, interview schedules and ethnographic observations are discussed in this chapter. As mentioned in chapter three, data were analysed using content analysis. Data were therefore firstly decontextualised, then recontextualised, thereafter categorised and lastly compiled. In order to ensure that effortless interpretation of this data was achieved, visual and textual elements were utilised to present the findings.

The questions that were asked during interviews and in interview schedules (as seen in Appendix A) followed four main themes, each relating to the creation of brand equity. These themes include:

- Brand awareness
- Brand loyalty
- Brand image
- Perceived quality

The data relating to each theme has been presented and discussed in-depth to gain an accurate understanding on how these themes can be utilised to create brand equity with regard to medical marijuana brands. Another question regarding potential advertising campaigns was asked. This was presented and discussed in detail following the aforementioned themes.

As mentioned previously, due to the qualitative nature of this small-scale study results cannot be generalised as they were not statistically sound. However, these findings suggest insight that may be of high value to medical marijuana brands.

4.2. Research Objectives and Interview Questions

The following table shows the research objectives that were utilised to guide this study. Each objective was addressed by three questions. The number of the question links to the interview schedule in Appendix A. These questions were created in order to resonate with the overarching theme of brand equity. This table was created to demonstrate which interview questions relate to which research objectives.

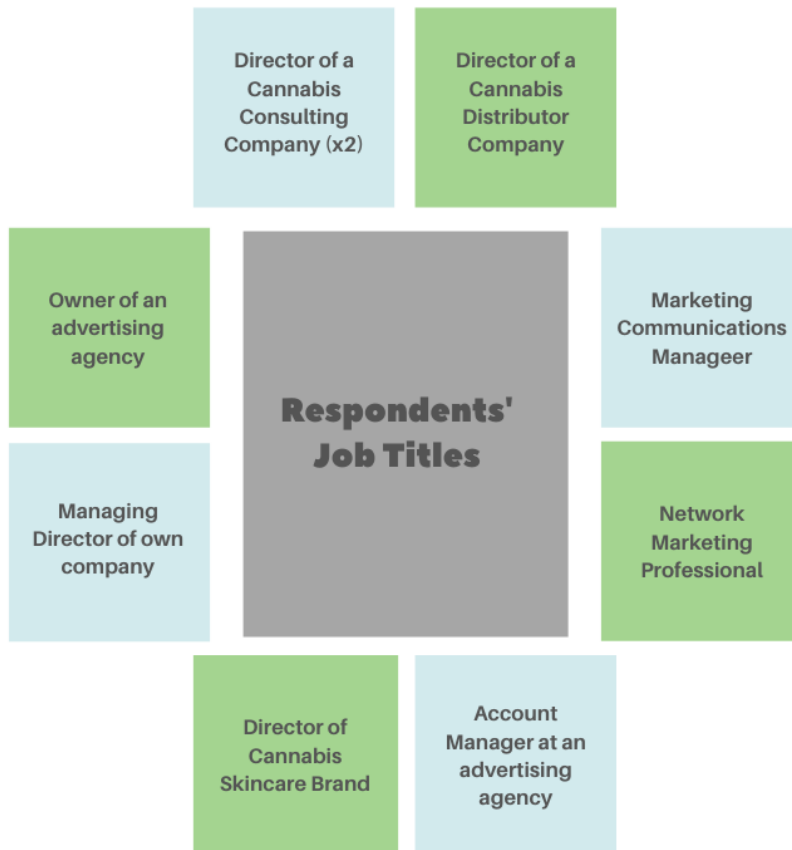
Table 1: Research Objectives and Interview Questions

Research Objective	Interview Question Number
To determine how Industry Professionals would create brand awareness to build brand equity for a medical marijuana brand trading in KZN, South Africa.	Number 4 Number 5 Number 6
To determine how Industry Professionals would create brand loyalty to build brand equity for a medical marijuana brand trading in KZN, South Africa.	Number 7 Number 8 Number 9
To determine how Industry Professionals would create a positive brand image to build brand equity for a medical marijuana brand trading in KZN, South Africa.	Number 10 Number 11 Number 12
To determine how Industry Professionals would achieve high perceived quality to build brand equity for a medical marijuana brand trading in KZN, South Africa.	Number 13 Number 14 Number 15

4.3. Demographics of Respondents

Before presenting and discussing the research findings related to the aforementioned interview questions and objectives, the demographics of the respondents have been analysed. Respondents ranged between the ages of 33 to 48. These individuals reside in KZN, South Africa and work within the marketing and/or medical marijuana industry. The job titles of these individuals can be seen in the figure below. Respondents therefore aligned with the study's unit of analysis. Purposeful sampling was therefore conducted to ensure that transferability (in relation to trustworthiness) was achieved.

Figure 5: Respondents' Job Titles



4.4. Presentation and Discussion of Findings

The following presentation and discussion of findings are directly related to table one. Findings are presented and discussed in the order of the questions presented in this table. Each theme of brand equity has been presented and discussed separately. In order to accurately present the data that were collected, word clouds and tables were utilised. All research findings have been analysed using content analysis.

4.4.1. Theme One: Brand Awareness

4.4.1.1. Question One: Do you believe that brand awareness plays an important role in the success of a brand? Why?

The following word cloud was created to highlight some of the words included in respondents' answers to this question.

Figure 6: Brand Awareness Word Cloud



This word cloud indicates that overall, respondents believe that brand awareness plays a crucial role in the success of a brand. Positive connotations were used to explain this importance. The reasoning behind why respondents believe brand awareness is important is as follows:

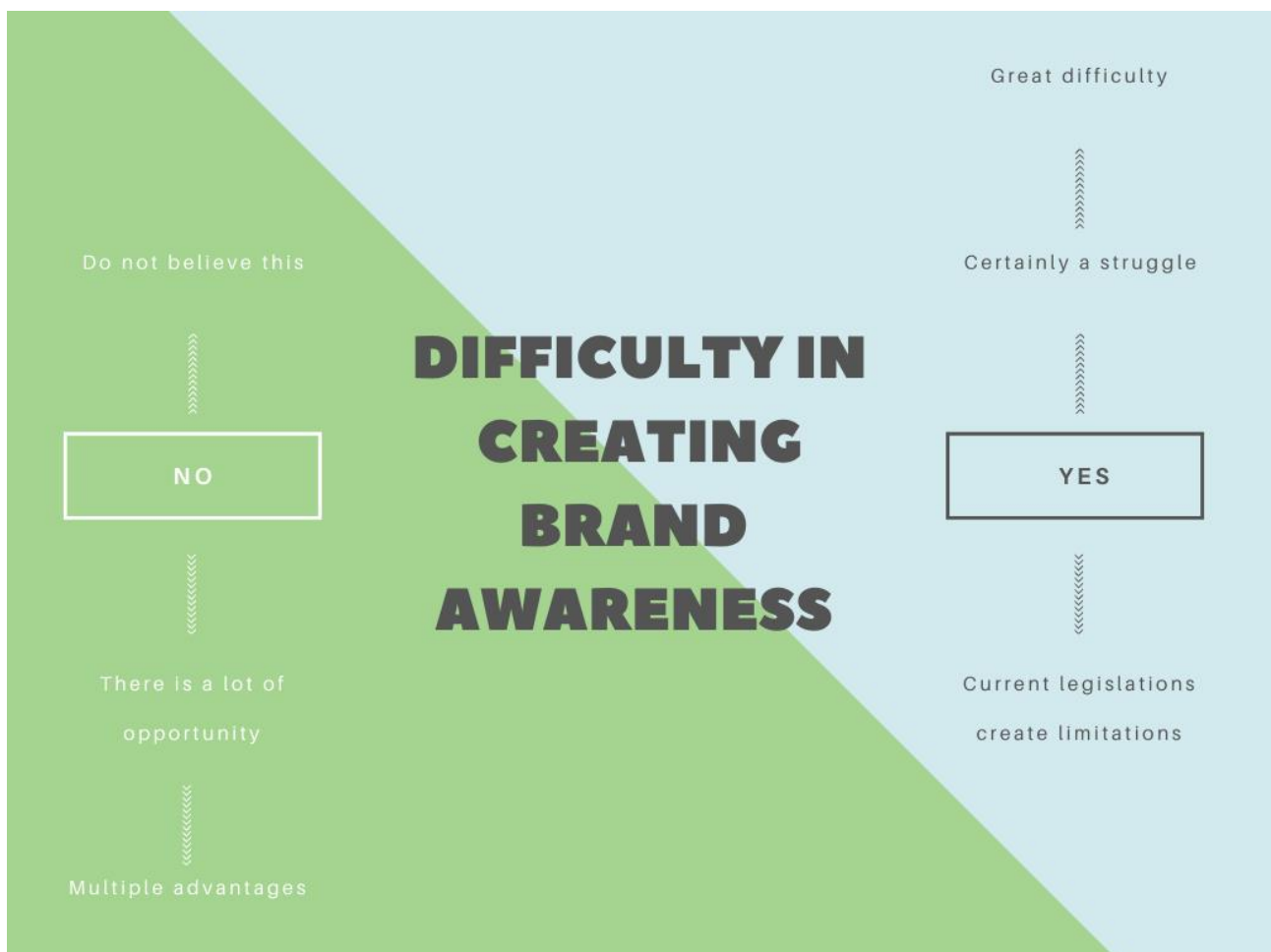
- 'It is an important measure of brand strength and a key indicator in brand performance'
- 'It encourages repeat purchases and leads to an increase in market share and incremental sales'
- 'People need to identify with a brand to understand what type of business you are in and the value that you can offer back'
- 'Positioning a brand in the mind of the target consumer and making sure it resonates builds brand affinity which in turn gives you loyal and invested consumers'

This research indicates that brand awareness is a crucial factor that contributes to the success of a brand, therefore aligning with both Aaker's and Keller's models of brand equity.

4.4.1.2. Question Two: Do you believe that medical marijuana brands face difficulty in creating brand awareness in KZN, South Africa? Please elaborate.

When analysing the responses to this question, a degree of contrast was identified. The figure below includes some of the opposing answers.

Figure 7: Opposing Answers to Question Two



This is therefore a debatable topic as five respondents strongly believe that medical marijuana brands do not face difficulty in creating brand awareness whereas the remaining respondents stated that they do. The table below includes the reasoning behind respondents' answers.

Table 2: Respondents Reasoning: Brand Awareness

Difficulty in creating brand awareness	No difficulty in creating brand awareness
Very few individuals give thought or attention to a real brand strategy and the importance thereof	It is a new market
Limited funding, resources and knowledge regarding branding make this an impossible task	The cannabis industry is highly topical at the moment, enjoying interest from farmers and consumers alike.
The current legislations within KZN, South Africa create limitations in this regard	The cannabis industry is young and it is the perfect time to make big and bold moves to stand apart from competitors
People have negative perceptions of medicinal marijuana as they do not see the value in it.	A fair number of people have a slight knowledge about the benefits of medical marijuana and are looking for alternatives to traditional medicine.
A lack of education regarding the topic of medicinal marijuana exists	
Pharmaceutical companies have a high degree of 'pull' in governments. They therefore have the ability to actively block legislation allowing for the legal sale of the product.	
It is difficult to cause a shift in mindsets amongst the public.	

It is therefore evident that contrasting opinions exist amongst industry professionals. Due to the recent legalisation of medical marijuana within South Africa, some respondents believed that such brands do not face difficulty in creating brand awareness. They believe that various opportunities exist within this market due to its newness and topical nature. However, on the contrary, the remaining respondents believed that medical marijuana brands face difficulty in creating brand awareness. This is mainly due to legislations, negative perceptions and a lack of education.

4.4.1.3. Question Three: How would you go about creating brand awareness for medical marijuana brands?

This question was asked in order to obtain in-depth responses from Industry Professionals on ways to create brand awareness for medical marijuana brands. As mentioned in Chapter Two, brand awareness plays an important role in the creation of brand equity. Therefore, this question was asked in order to identify ways in which medical marijuana brands can create brand awareness to build brand equity.

Based on primary research, ways in which brand awareness could be created for medical marijuana brands include:

- Well-articulated marketing and advertising campaigns
- Educating the public about the benefits of medical marijuana to create a shift in mind-sets
- Attending relevant expeditions
- Creating a social media presence
- Getting listed in local and online health shops
- Getting the brand advertised on talk shows
- Creating a visually appealing brand
- Creating a brand strategy that will captivate the target audience whilst removing the stigma attached to “dagga”
- Creating a lifestyle brand with a look and feel that will resonate with a variety of individuals from the youth of South Africa to the sick and elderly.
- Portraying a message that changes peoples’ perceptions of cannabis. Change the ‘I do not need cannabis’ to ‘Cannabis is a healthy lifestyle supplement and way of living that can be incorporated into my family’
- Building strong brand relationships with quality products

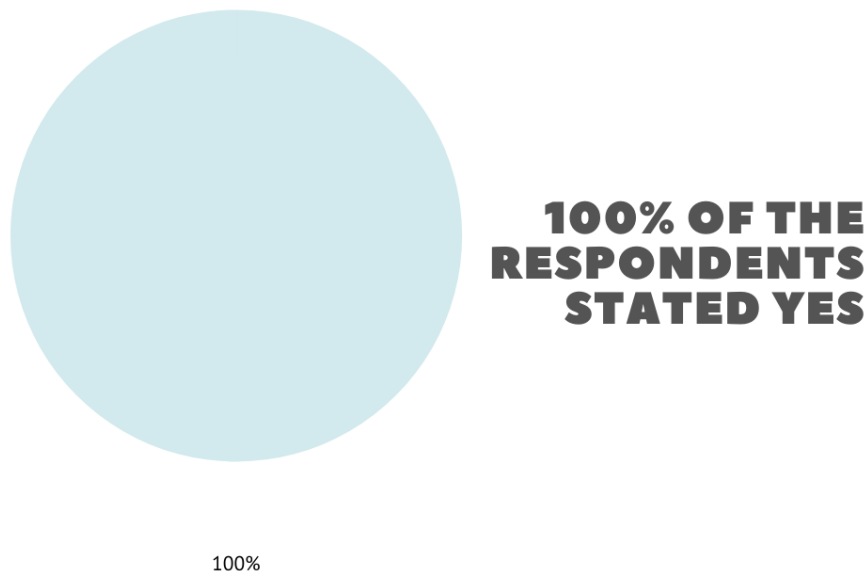
These findings therefore suggest ways in which medical marijuana brands could potentially create brand awareness in order to build brand equity. Following these proposed strategies could therefore help reduce the stigma attached to medical marijuana.

4.4.2. Theme Two: Brand Loyalty

4.4.2.1. Question One: Do you believe that brand loyalty plays an important role in the success of a brand? Why?

The figure below shows the extent to which respondents believe that brand loyalty plays an important role in the success of a brand.

Figure 8: Respondent Answers



All respondents believe that brand loyalty plays a crucial role with regard to brand success. Respondents believe that brand loyalty:

- Secures market share for a brand
- Is an exponential growth model as it can be generated through word-of-mouth
- Retains existing customers which is crucial for brand success
- Is important in an industry with many options

4.4.2.2. Question Two: Do you believe that medical marijuana brands face difficulty in creating brand loyalty in KZN, South Africa? Please explain your response.

The responses to this question showed a degree of disparity amongst respondents. However, most respondents believed that brand loyalty would be difficult to create. The following table suggests the reasoning behind this.

Table 3: Respondent Reasoning: Brand Loyalty

Difficulty in creating brand loyalty	No difficulty in creating brand loyalty
Quality and consistency in products is one of the biggest challenges affecting brand loyalty in the current market	In general, when individuals determine their best brands, they remain loyal, as in any business.
Access to raw materials and restrictions on legislation also make this difficult	Multiple ways to create brand loyalty exist despite proliferation within the market
Uneducated customers who are easily influenced also makes it difficult	
High concentration of illegal suppliers of medical marijuana products makes it difficult for legitimate brands to create brand loyalty	
Current perceptions of medical marijuana makes this difficult	
The stigma attached to medical marijuana makes this difficult	
Brand awareness of the product would need to be achieved first before loyalty could be considered	

As seen in the table above, respondents had various reasons behind why medical marijuana brands face difficulty in creating brand loyalty. On the contrary, few explanations were provided as to why they do not face difficulty. Based on these responses, it can be seen that creating brand loyalty for such brands is a difficult task within the cannabis industry.

4.4.2.3. Question Three: How would you, as a professional, go about creating brand loyalty for medical marijuana brands?

Respondents suggested various ways in which medical marijuana brands could create brand loyalty. The figure below shows a summary of these suggestions.

Figure 9: Creating Brand Loyalty



Despite the difficulties that medical marijuana brands may face when trying to create brand loyalty, various ways have been suggested to help combat this. All these ways have been presented in Figure 9. As mentioned previously, it is of high importance for brands to have loyalty amongst its customers in order to build brand equity. These suggestions could therefore be of high value to medical marijuana brands that are trying to build brand equity in order to overcome the stigma attached to medicinal marijuana.

4.4.3. Theme Three: Brand Image

4.4.3.1. Question One: Do you believe that having a positive brand image plays an important role in the success of a brand? Why?

All respondents stated that a positive brand image plays an important role in the success of a brand. When asked 'why?', respondents' answers included:

- It gives a brand credibility which results in confident customers as they feel that the brand is sincere and clear in its vision to create the best
- The best branded and high quality products always prevail
- It's everything
- It is important for 'return business'
- It communicates that products are safe, reliable and address consumer needs

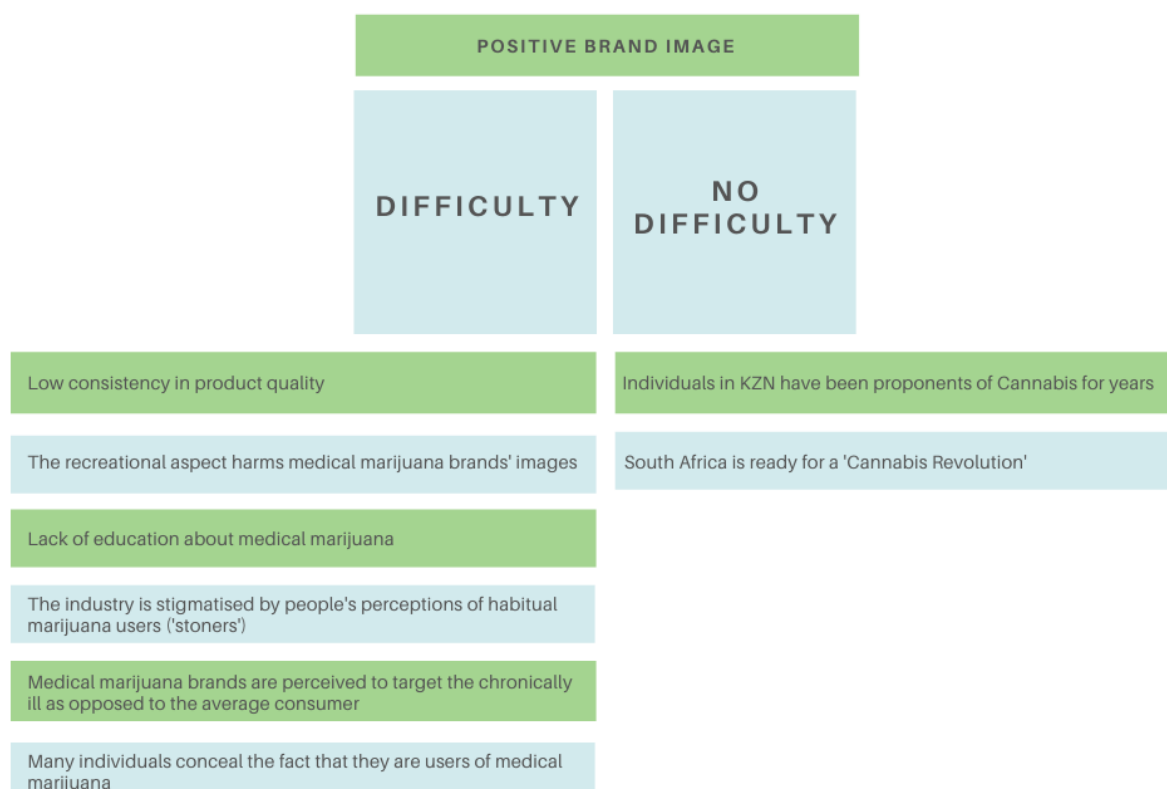
- Your brand image is the face of your company and your success

Overall, respondents believed that a positive brand image is crucial to the success of a brand. One respondent stated, 'A brand is only as good as the market's perception of it' highlighting the importance of a positive brand image.

4.4.3.2. Question Two: Do you believe that medical marijuana brands face difficulty in creating a positive brand image in KZN, South Africa? Why?

Five respondents stated that brands face difficulty, with four respondents suggesting that they do not. Contrasting opinions therefore occurred amongst respondents. The following figure provides an analysis of respondents' varying answers.

Figure 10: Respondent Reasoning: Brand Image



As seen above, many issues are inhibiting medical marijuana brands' abilities to create positive brand images. However, as mentioned in Chapter Two, positive brand images contribute to the success of a brand (which has also been confirmed in question one). It is therefore of high importance to identify ways in which such brands can overcome these issues in order to create positive brand images which contribute to the creation of brand equity.

4.4.3.3. Question Three: How would you go about creating a positive brand image for a medical marijuana brand?

Industry Professionals have made the following suggestions regarding the creation of positive brand images:

- Understand and deliver what customers value
- Build credibility
- Focus on multichannel customer support
- Refrain from using the word 'marijuana'. This is regarded as a 'dirty word'. The word 'cannabis' should be used instead.
- Educate the public about medicinal marijuana through seminars
- Get governmental support
- Be honest in advertising and ensure that quality control is implemented
- Keep communications simple and consistent
- Hire an experienced brand strategist

These suggestions should be taken into consideration by medical marijuana brands in order to create positive brand images. If implemented correctly, this could potentially result in the creation of brand equity.

4.4.4. Theme Four: Perceived Quality

4.4.4.1. Question One: Do you believe that having high; perceived quality; plays an important role in the success of a brand? Why?

All respondents answered 'yes' to this question. Their reasoning behind 'why?' is as follows:

- Quality is everything
- Perceived quality drives sales performance
- Perceived quality is a brand differentiator in the highly competitive pharmaceutical industry
- Quality makes consumers more certain and secure in their product choices
- Perceived quality can make or break a brand
- Consistent quality will result in brand loyalty and a positive brand image

Respondents were therefore confident that a high perceived quality is of extreme importance to a brand's success.

4.4.4.2. Question Two: Do you believe that medical marijuana brands face difficulty in creating high perceived quality in KZN, South Africa? Why?

When answering this question, majority of the respondents stated that they do. The reasoning behind this is as follows:

- Medical marijuana is a new product; therefore the standards for measuring the quality are unknown to the wider audience
- Medical marijuana brands that lack branding or portray the wrong image, will face difficulty in creating a high perceived quality
- Without verified test results and transparency of quality, creating a high perceived quality could be very difficult

As confirmed by primary and secondary research, creating a high perceived quality is of crucial importance. Therefore, despite the aforementioned difficulties that medical marijuana brands face, it is of high importance that such brands create high perceived qualities in order to build brand equity.

4.4.4.3. Question Three: How would you, as a professional, go about creating high perceived quality for medical marijuana brands?

The Figure 11 (on the following page) suggests ways in which medical marijuana brands could create high perceived qualities despite the aforementioned difficulties.

It is therefore evident that such brands could adopt various ways to create high perceived qualities. This is crucial for brands who seek to overcome the stigma attached to marijuana in order to build brand equity.

Figure 11: Way to Create High Perceived Quality

WAYS TO CREATE A HIGH PERCEIVED QUALITY

Based on Industry Professionals' views



1

MESSAGE

- Use multiple channels to send a message that makes your product offering superior in comparison to competitors' products. Consider using celebrity endorsement.
- Focus on the healing purposes of the product.



2

EDUCATION

- Educate the public on the plant benefits. People need to realise that there are different parts of the plant that have different values.
- Educate the public about the care that farmers take when cultivating marijuana.



3

TRANSPARENCY

- Disclose what processes you use to make your products in order to ensure transparency.
- Do not make medical claims. Be transparent in your messaging.



4

PERSONAL BRAND STORY

Create a marketing campaign that tells the entire business story as well as the manufacturing process in order to build trust and credibility within the target market.



5

PACKAGING

- Ensure that you have good quality packaging and labeling.
- Portray the brand image clearly.

CREATED BY HAYLEY BROWN

4.4.5. Proposed Campaign

Respondents were also asked to suggest a proposed campaign that medical marijuana brands could implement in order to overcome the stigma attached to marijuana to create brand equity. Some of the responses to this question include:

Figure 12: Campaign Ideas



These ideas will be highly beneficial to medical marijuana brands should they implement them effectively. However, it is important to note that these are merely recommendations due to the subjective nature of the data collected.

3.5. Ethical Considerations, Limitations and Heuristic Value

The following section provides an explanation of the ethical considerations and limitations of this study.

3.5.1. Ethical Considerations

- The security, interests, and anonymity of all participants involved in this study were protected. In order to ensure this protection, ethical clearance was granted before any research was conducted.

- Participants were required to fill out letters of consent before taking part in any research, including interviews.
- Participants were also required to sign separate letters of consent if they were digitally recorded. This was done to protect the right of all individuals involved in this study.
- Participants were also informed that they had the right to remain anonymous and that their participation was completely voluntary.
- Respondents were also notified that they could stop answering questions at any time should they have felt uncomfortable.
- The researcher also ensured that results were trustworthy and credible.
- The researcher notified respondents about the purpose and relevance of the study before they participated. The value of their contribution was also explained.
- The researcher also ensured that all respondents were over the age of 18.
- Lastly, to avoid researcher bias, the researcher got fellow participants to review the findings in order to ensure that no misinterpretations of the results occurred. The researcher also used triangulation (Campus Labs, 2018).

3.5.2. Limitations

Three main limitations were experienced within this study.

1. Firstly, this study was conducted over a period of nine months. This time constraint therefore acted as a limitation when collecting data. As a result, this study was cross-sectional as opposed to longitudinal. To overcome this, more time should be allocated.
2. Secondly, sending out interview schedules via email was a huge limitation. The researcher had no certainty that respondents had received the questions unless they replied. The researcher therefore had to pester respondents multiple times in order to receive responses. This was difficult as the researcher did not want to disturb respondents as they were all Industry Professionals with busy schedules. To avoid this, future researchers should focus on conducting face-to-face interviews with respondents as opposed to sending out interview schedules.
3. Lastly, the researcher experienced a limitation with regard to the study's sample size. The researcher contacted numerous respondents. However, only nine out of the 16 individuals that were contacted participated in the research. This could be due to the qualitative nature of the research questions. To address this, future

researchers should focus on interviews as opposed to sending out interview schedules.

3.6.3. Heuristic Value

As mentioned previously, this study was of high importance to medical marijuana brands operating within KZN, South Africa. This is because it identified ways in which such brands could create brand equity based on Industry Professionals' views. The results of this study could potentially equip medical marijuana brands operating in KZN, South Africa with the necessary information to build brand equity and overcome the stigma people attach to marijuana. Through the use of a qualitative research methodology, the researcher interviewed Industry Professionals in order to obtain credible, reliable information regarding the aforementioned research objectives. This study was therefore conducted to contribute to the success of brands trading within the medical marijuana market in KZN, South Africa through the generation of new knowledge.

4.5. Summary

Qualitative research findings were portrayed in this chapter. All relevant findings were creatively presented, discussed and interpreted. Findings from each theme were critically analysed and portrayed. It was identified that primary research supports findings stated in secondary research. All respondents believed that brand awareness, brand loyalty, brand image and perceived quality are all crucial components that contribute to a brand's success. The ethical considerations, limitations and heuristic value of this study were also discussed in this chapter. The following chapter consists of this study's conclusions and recommendations.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

The conclusions and recommendations of this study will be discussed in accordance with each of the research objectives stated in chapter one. Conclusions and recommendations will be made for each objective, based on information from both primary and secondary research. Suggestions for future research will conclude this chapter.

5.2. Conclusions and Recommendations

5.2.1. Objective One

To determine how Industry Professionals would create brand awareness to build brand equity for a medical marijuana brand trading in KZN, South Africa.

5.2.1.1. Findings

As stated in Chapter Two, brand awareness is a prerequisite in order to create brand equity (Aaker, 1991; Keller, 1993). Furthermore, primary research showed that Industry Professionals believe that brand awareness is crucial to the success of a brand. These findings suggest that medical marijuana brands need to create brand awareness within the industry in order to be successful. Ways in which Industry Professionals would approach this were discussed in Chapter Four.

5.2.1.2. Conclusion

Research therefore indicates that although brand awareness may be difficult to achieve, there are numerous ways in which medical marijuana brands can accomplish this. However, dedication and in-depth market research would be required.

5.2.1.3. Recommendation

Therefore, in order to reduce the stigma attached to marijuana, medical marijuana brands should focus on creating brand awareness. Section 4.4.1.3 in Chapter Four suggests various ways in which this can be done.

5.2.2. Objective Two

To determine how Industry Professionals would create brand loyalty to build brand equity for a medical marijuana brand trading in KZN, South Africa.

5.2.2.1. Findings

As stated in Chapter Two, brand loyalty is differentiated from other brand equity dimensions as this dimension is directly related to user experience (Aaker, 2011). It is

therefore evident that brand loyalty is an important contributor in creating brand equity. Primary research suggests that having brand loyalty contributes to the success of a brand. However, creating it has its difficulties. Despite this, Industry Professionals suggested various ways in which brand loyalty could be created in order to build brand equity. Refer to Figure 9.

5.2.2.2. Conclusion

Therefore, despite the difficulties associated with brand loyalty creation, various suggestions were made regarding how medical marijuana brands could create this component of brand equity.

5.2.2.3. Recommendation

It is therefore highly recommended that medical marijuana brands create brand loyalty in order to create brand equity to reduce the stigma attached to marijuana. However, this should be done in conjunction with brand awareness.

5.2.3. Objective Three

To determine how Industry Professionals would create a positive brand image to build brand equity for a medical marijuana brand trading in KZN, South Africa.

5.2.3.1. Findings

As mentioned previously, positive brand images assist in the creation of positive attitudes towards brands, therefore contributing to the development of brand equity (Abratt *et al.*, 2011). Brand image also acts as a differentiator amongst competitors as well as a communication tool (Foroudi *et al.*, 2018). It is thus of vital importance in the creation of brand equity. Primary research supports this as all respondents believed that a positive brand image contributes to the success of a brand. Industry professionals suggested various ways in which positive brand images could be created for medical marijuana brands.

5.2.3.2. Conclusion

Therefore, in order to overcome the stigma attached to marijuana, it is crucial for medical marijuana brands to create positive brand images.

5.2.3.3. Recommendation

It is highly recommended that this component of brand equity is created in conjunction with brand awareness as well as brand loyalty. By focusing on these components, medical

marijuana brands have an opportunity to build brand equity to overcome the aforementioned stigmatism.

5.2.4. Objective Four

To determine how Industry Professionals would achieve high perceived quality to build brand equity for a medical marijuana brand trading in KZN, South Africa.

5.2.4.1. Findings

As mentioned in Chapter Two, perceived quality can be used as a point of differentiation amongst competing brands. It is also known to be the only brand asset that has the ability to generate improved financial performance through price premiums (Abratt *et al.*, 2011). Perceived quality thus plays an important role in the creation of brand equity because if consumers have a low perceived quality of a brand, it will be difficult for a brand to create brand equity (Aaker, 1991). Furthermore, primary research suggests that perceived quality is a contributing factor to the success of a brand. However, many difficulties may arise for medical marijuana brands that may want to achieve this. Despite these difficulties, Industry Professionals have suggested various ways in which perceived quality could be achieved (refer to Figure 11).

5.2.4.2. Conclusion

Therefore, it is of vital importance for medical marijuana brands to create a high perceived quality within the cannabis market. This contributes to the creation of brand equity which has the potential to overcome the stigma attached to medical marijuana.

5.2.4.3. Recommendation

It is highly recommended that perceived quality is used in conjunction with the previously stated brand equity components. This will give medical marijuana brands an opportunity to break through clutter and overcome the stigma attached to marijuana.

5.3. Suggestions for Future Research

The following suggestions are recommended for future research:

- Conduct a longitudinal research study with a bigger sample size in order to obtain more accurate results.
- Consider a study that focuses on an individual medical marijuana brand in order to obtain more specific data. However, due to the newness of the industry, limited research is available on such brands. It is therefore advisable to have personal contact with the selected brand.

5.4. Concluding Remarks

This qualitative research study addressed the problem of stigmatism which is inhibiting medical marijuana brands' abilities to operate successfully within the industry. Research suggested that various components of brand equity should be considered in order to overcome this issue. These components include: brand awareness, brand loyalty, brand image and perceived quality.

It is therefore highly advisable that medical marijuana brands operating within KZN South Africa focus on the above mentioned components in order to build brand equity. As stated previously, brand equity contributes to the success of a brand. Therefore, by focusing on these components, medical marijuana brands have the potential to create brand equity and overcome the stigma attached to marijuana use.

However, it is important to note that this study was of qualitative nature as results consisted of subjective data. Therefore, the findings of this study cannot be generalised.

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APPENDICES

Appendix A: Interview Schedule

MEDICAL MARIJUANA INTERVIEW SCHEDULE

1. What is your name?
2. What is your age?
3. What is your job title?

Brand Awareness

4. Do you believe that brand awareness plays an important role in the success of a brand? Why?
5. Do you believe that medical marijuana brands face difficulty in creating brand awareness in KZN, South Africa? Please elaborate.
6. How would you go about creating brand awareness for medical marijuana brands?

Brand Loyalty

7. Do you believe that brand loyalty plays an important role in the success of a brand? Why?
8. Do you believe that medical marijuana brands face difficulty in creating brand loyalty in KZN, South Africa? Please explain your response.
9. How would you, as a professional, go about creating brand loyalty for medical marijuana brands?

Brand Image

10. Do you believe that having a positive brand image plays an important role in the success of a brand? Why?
11. Do you believe that medical marijuana brands face difficulty in creating a positive brand image in KZN, South Africa? Why?

12. How would you go about creating a positive brand image for a medical marijuana brand?

Perceived Quality

1. Do you believe that having high; perceived quality; plays an important role in the success of a brand? Why?
2. Do you believe that medical marijuana brands face difficulty in creating high perceived quality in KZN, South Africa? Why?
3. How would you, as a professional, go about creating high perceived quality for medical marijuana brands?

Campaign

4. Please suggest a proposed campaign to advertise medical marijuana brands in KZN.

Appendix B: Interview Schedule Consent Form Template



CONSENT FORM FOR PARTICIPANTS

I, _____, agree to participate in the research conducted by Hayley Brown about investigating ways in which brand equity can be created to ensure future success of medical marijuana brands trading in KwaZulu-Natal.

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. I agree to answer an interview schedule for this research.
2. My confidentiality will be ensured. My name and personal details will be kept private.
3. My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research.
4. I may choose not to answer any of the questions that are asked in the interview schedule or during the research interview.
5. I may be quoted directly when the research is published, but my identity will be protected.

Signature Date

Appendix C: Interview Consent Form One Template



CONSENT FORM FOR PARTICIPANTS

I, _____, agree to participate in the research conducted by Hayley Brown about investigating ways in which brand equity can be created to ensure future success of medical marijuana brands trading in KwaZulu-Natal.

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. I agree to be interviewed for this research.
2. My confidentiality will be ensured. My name and personal details will be kept private.
3. My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research.
4. I may choose not to answer any of the questions that are asked in the interview schedule or during the research interview.
5. I may be quoted directly when the research is published, but my identity will be protected.

Signature

Date

Appendix D: Interview Consent Form Two Template



CONSENT FORM FOR AUDIO-RECORDING/ VIDEO RECORDING

I, _____, agree to allow Hayley Brown to audio record my interviews as part of the research about investigating ways in which brand equity can be created to ensure future success of medical marijuana brands trading in KwaZulu-Natal.

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. My confidentiality will be ensured. My name and personal details will be kept private.
2. The recordings will be stored on the researcher's computer only.
3. Only the researcher, the researcher's supervisor and possibly a transcriber (who will sign a confidentiality agreement) will have access to these recordings.

Signature

Date

Appendix E: Ethical Clearance Letter

 **vega**
SCHOOL OF BRAND LEADERSHIP
wisdomwithmagic

1 June 2019

Dear HAYLEN BROWN

ETHICAL CLEARANCE LETTER

Your research proposal and ethical considerations were reviewed by your supervisor and moderated by the campus research panel.

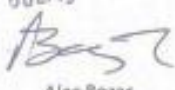
☒ Your research proposal posed no significant ethical concerns. We hereby provide you with ethical clearance to proceed with your research methodology.

OR

☐ Your research proposal posed the following minor concern:
Please mention how your research design will address this issue:

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

Supervisor Name: ALEC BOZAS
Supervisor Signature:  Industry Professionals Views on How to
create Brand Equity for Medical Marijuana
Brands

Campus Anchor Name: Alec Bozas

Campus Anchor Signature: 

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Appendix D: Final Research Report Summary Document Table

Research Purpose/Objective	Primary Research Question	Secondary Questions	Seminal Authors	Literature Review – Conceptual Framework	Paradigm	Approach	Data Collection Method(s)	Sampling
The purpose was to discover ways to create brand equity for medical marijuana brands based on industry professionals' views.	How would Industry Professionals create brand equity for a medical marijuana brand trading in KZN, South Africa?	How would Industry Professionals create brand awareness to build brand equity for a medical marijuana brand trading in KZN, South Africa? How would Industry Professionals create brand loyalty to build brand equity for a medical marijuana brand trading in KZN, South Africa?	Kevin Lane Keller David Aaker	Theme 1: Literature review Theme 2: Theoretical foundation Theme 3: Conceptualisation	Paradigm: Interpretivism	Qualitative	In-depth semi-structured interviews Interview schedules sent out via email Ethnographic observations	Non-probability sampling Method: Convenience sampling, judgement sampling and snowball sampling Size: 9
Research Problem	Research Rationale	Professionalism create brand loyalty to build brand equity for a medical marijuana brand trading in KZN, South Africa?	Key Concepts	Key Theories	Population	Data Analysis Method	Ethics	References
Overcome the stigma that many South Africans attach to the use of marijuana as it is inhibiting medical marijuana brands' abilities to create brand equity and thus be successful within the South African market.	The rationale was to establish ways in which medical marijuana brands could create brand equity in order to be successful within the South African market as well as overcome the stigma attached to marijuana.	How would Industry Professionals create a positive brand image to build brand equity for a medical marijuana brand trading in KZN, South Africa? How would Industry Professionals achieve high perceived quality to build brand equity for a medical marijuana brand trading in KZN, South Africa?	Stigma Medical marijuana Brand equity Brand awareness Brand loyalty Brand image Perceived quality	Keller's model of brand equity Aaker's model of brand equity	Population Parameters: Marketing and/or Medical marijuana Industry professionals living in KZN, South Africa Characteristics: Over the age of 18, have good experience and expertise in their line of work	Content analysis	All participants were over the age of 18 Before taking part in any research, participants were informed that their participation was voluntary and that they had the right to remain anonymous	<i>Brand Management</i> (Klopper & North, 2011) <i>Marketing Management</i> (Kotler & Keller, 2016) Refer to reference list for further sources and more information regarding references
Key Contribution		Recommendations			Limitations		Key Findings	
The results of this study could potentially equip medical marijuana brands operating in KZN, South Africa with the necessary information to build brand equity and overcome the stigma people attach to marijuana. This study was therefore conducted to contribute to the success of brands trading within the medical marijuana market in KZN, South Africa through the generation of new knowledge.		It is highly advisable that medical marijuana brands operating within KZN South Africa focus on creating brand awareness, brand loyalty, brand image and perceived quality in order to build brand equity. As stated previously, brand equity contributes to the success of a brand. Therefore, by focusing on these components, medical marijuana brands have the potential to create brand equity and overcome the stigma attached to marijuana use.			Time constraint acted as a limitation when collecting data The researcher had to pester respondents multiple times in order to receive responses via email The researcher contacted numerous respondents. However, only nine out of the 16 individuals that were contacted participated in the research.		Primary and secondary research show that brand awareness, brand loyalty, brand image and perceived quality all contribute to the success of a brand resulting in the creation of brand equity. Despite numerous difficulties associated with the creation of each component, Industry Professionals have suggested multiple ways in which these can be achieved. By focusing on such components, medical marijuana brands have the ability to overcome marijuana stigma.	