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Factors, Awareness of the Effects and Prevalence of Khat Chewing Among the Youth in Eastleigh, Nairobi, Kenya

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A Thesis Submitted In Partial Fulfilment of the Requirement for the Award of Master of Public Health Degree
Of Mount Kenya University

ABSTRACT

Khat consumption is neither a habit confined to any specific socio-economic group nor gender specific. A common behaviour cuts across all segments of the Kenyan youth's population. Several studies have revealed that Khat consumption is widely experienced by both the young in school and out of school and the old though the young are the most affected group and they lack awareness about its effects. As such, the current study will examine factors, awareness and prevalence of khat effects of khat chewing on wellbeing among the youth in Eastleigh, Nairobi, Kenya. The study was guided by the following objectives; to find out factors that contribute to khat chewing to determine the prevalence of khat chewing, to assess the effects of khat consumption awareness on health and to assess the effects awareness of khat consumption on social-economic life among youth in Eastleigh, Nairobi County, Kenya. The study was guided by Social Learning and Reference Group theories, which will play an imperative role in understanding why people indulge in Khat consumption and other Khat- consumption behaviour. The study adopted a survey research method whereby information is gathered from a sample of people by use of questionnaire. The study targeted 200 youths from Section I, 150 from Section II and 100 from Section III, which has low population as compared to other sections according to Eastleigh Business Centres report (2014). The study further targeted (2) two individual from each Division who are above 35 years. Therefore, the study target population was 456 participants. The study sample size consisted of 384 youths and six Key Informants that is 390 participants. The three Divisions in this study was selected purposively because they are the three main Divisions in Eastleigh. Information obtained from them was therefore most likely reflected on the real situation in the targeted population. The questionnaire used in this study was pre-tested through a pilot study before actual data collection. To guarantee validity of the instrument the researcher imparted the data in the questionnaires to experts to find out whether the questions are appropriate. Vague questions will be disposed of and harmonized to enhance the validity of the questionnaire. Test-retest method was utilized to establish consistency of the questionnaires. The retest was conducted using of the Cronbach constant alpha for the degree at which the variable is measured. A cut-off of more than 0.7 was satisfactory in evaluating consistency for multi-item measures. Inferential statistics, that is, Chi-square was used to apply a one-on-one relationship between the independent variables and the dependent variable. This formed the basis for rejecting or accepting the null hypothesis. The researcher adopted content analysis method to analyze qualitative data. A finding was displayed in graphs, tables and pie charts. Ethical issues in this research sought from NACOTSI in Kenya, MKU and consent form from respondents. The study revealed that (36.06%) of respondents revealed that they were introduced to khat by their neighbor and peers. The study found out that 70% of youths consume khat, this shows that the khat consumption prevalence is very in Eastleigh. The researcher found out that 66.67% were aware of effects of khat consumption on health but they still consume. The study concluded that the rate of khat consumption was high and most youths are aware of khat consumption effects on health and social-economic life.

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I. Introduction

1.1 Background of the Study

Khat is an evergreen plant that predominantly grows in Ethiopia, Yemen and in other African nations along the Indian Ocean coast favoring altitudes ranging from 5000 to 6500 feet above sea level, an altitude also favorable for tea and coffee (Gelaw & Haile-Amlak, 2017). Globally, it is approximated that more than 10 million people consume Khat (Widmann & Odenwald, 2014). A number of reports indicated that the occurrence of Khat consumption varies as per age, gender, area of residence, and livelihood. A study conducted in Yemen, for instance, showed that 82 percent of men and 43 percent of women admitted that they had consumed Khat at least once in their lifetime (Thomas, 2013).

The khat consumption has been for the past decades in the Middle East and Horn of Africa. After some time, this behavior has spread all over the world. The youths have adopted the habit despite its adverse effects on their health. Studies have indicated that the khat prevalence among students in both colleges and high school is high. Fresh leaves and buds of the Khat plant contain cathinone, an amphetamine like alkaloid responsible for its pharmacological action. College and university students consume Khat to get mental alertness and to work hard in their academic endeavors (Mahfouz & Alsanosy, 2015). Traditionally, it is commonly used for prayer and during Moslem fasting seasons. However, nowadays, many Christians especially the young also use it (Megersa, 2014). Alcohol and Khat were the two “drugs” commonly ever tried by high school students in both government and private schools (Megersa, 2014). Insomnia is a common problem associated with the use of Khat, which prompts the chewer to use/misuse sedatives and to indulge in alcohol as a means of overcoming the side effect (Kassaye, 2017).

The leaves and buds of the Khat plant contain cathinone, an amphetamine like alkaloid in charge of its pharmacological activity. School goes chew Khat to stay alert and toil hard at their studies (Mahfouz and Alsanosy, 2015). As a tradition, it is normally consumed for supplication and amid Muslim fasting period. Nevertheless, these days, numerous Christians particularly the youth, also chew it (Megersa, 2014). The two most tried drugs by both private and public secondary school students were liquor and Khat (Megersa, 2014). Lack of sleep is a typical issue related with the consumption of Khat, which prompts the user to misuse/abuse depressants and alcohol as a method of combating the insomnia.

In Africa, chewing of Khat among children is discouraged and parents will often continue to discourage their sons well into adult life (Lulekal, 2014). The youth comprise those whose age ranges from 15 - 24 years. Globally, more than a billion individuals qualify as youth, a large portion of who live in developing nations. In Kenya, the youth account for about 33% of the aggregate population (Kassaye, 2017). Drugs like heroin and cocaine are seldom accessible in Kenya. Khat, however, is produced and widely consumed in various parts of the country. 0.7% of in-school students admitted to the consumption of substances besides Khat, contrasted with 5.1% for out-of-school students (Mahfouz & Alsanosy, 2015).

Several scholars in Africa and worldwide have demonstrated that the lifetime prevalence and current prevalence of khat consumption in high school, college and university students vary from place to place. In secondary school students, the prevalence was 3.2% (Lakew, 2014), 24.2% (95% CI; 22.2% - 26.2%) in Eastern Ethiopia high schools (Aklog, 2013), 21.4% in Jazan high school (Hussien, 2009), 23.1% in higher education of Jazan region of Saudi Arabia (Lakew, 2014).

Additionally, the khat chewing prevalence significantly increases as we move from high school to college and university students. A study conducted in Bahir Dar College in Ethiopia revealed that the prevalence of khat chewing was 19.6% (Megersa, 2014). A study conducted by Lulekal, (2014), in North West Ethiopia colleges revealed that lifetime prevalence was 26.7% and current prevalence was 17.5%. Moreover, the prevalence of khat chewing in different universities of Ethiopia was indicated in studies conducted by different scholars for instance, 28.7% by (Cafer, 2016), 7.8% by (Astatkie & Worku, 2015), 14.1% by (Aklog, 2013) and 30.3% by (Hassan & Hudson, 2015).

Khat is consumed by various groups. Though, the exaggerated prevalence of khat chewing is associated with youth. As indicated by the study conducted in Ethiopia, the commonness of khat use among youth ranges between 16 and 30 and constitutes 62% of the aggregate khat use in the nation (Izugbara, 2015). Furthermore, a study by Widmann and Odenwald, (2014) carried out in 3 towns in south-west Uganda indicated that at 97.1% chewing of Khat was the most prevalent among law enforcement officers, transporters and students were reported as consuming the drug at 68.8% and 9.2% respectively. The study further revealed that the largest number of Khat consumers ranged from 16-25 years of age. Moreover, several studies conducted in rural Ethiopia indicate that 55.7 percent of the sample had used Khat at a point in their lives, and that 50 percent were present-day consumers (Widmann & Odenwald, 2014).

In some countries where the use of Khat (*Catha edulis* Forsk) is widespread, the habit has a deep-rooted social and cultural tradition. Especially in Ethiopia and Kenya, Million people may be chewing Khat worldwide, with an approximate of 10 million people chewing Khat leaf daily

In a few nations where the consumption of Khat (*Catha edulis* Forsk) is prevalent, the habit has an entrenched social and cultural tradition. Particularly in Ethiopia and Kenya, a million individuals use Khat globally, with an estimated ten million who are reported to be daily users of the drug (Mahfouz & Alsanosy, 2015).

The plant khat (miraa) is grown in Kenya and its use is a widespread habit among the youth living in Eastleigh- Nairobi Kenya. It has some social-economic and health influence on people using it. Presently, in Kenya, consumption of Khat has become part of the youth culture (Gelaw & Haile-Amlak, 2017).

In Kenya, there is a growing abuse or misuse of substances including cigarettes, alcohol, and Khat (*Catha edulis* Forsk). Nonetheless, majority of the studies were conducted at community and secondary school level. In that regard, the current study is intended to examine the khat chewing practices and awareness of its effects among the youth in Eastleigh, Nairobi, Kenya.

1.2 Statement of the Problem

Khat consumption is of general health interest since a portion of the victims are youths, the majority of whom are uninformed of Khat effects, which can conceivably hurt their health. It is known to cause extreme unfavorable health impacts among the addicts. Consumption of Khat is neither a habit limited to a particular socio-economic group nor gender. The habit cuts across all segments of the Kenyan youth population. Several studies have revealed that Khat consumption is widely experienced by both the young in school and out of school and the old though the young are the most affected group and they lack awareness about its effects.

Apparently, the available literature on Khat, reveals, many contradictions brought forth by both western and African studies pertaining to the effects of Khat consumption, with some citing positive (such as its economic and social cohesion) and others citing negative effects to health, social and psychological aspects of human life.

The previous studies focused on both positive and negative effects of khat and chewing prevalence. They failed to show how the awareness affects khat consumption affected social economic and health. As such, the current study will determine the khat chewing prevalence and awareness of khat effects among the youths in Eastleigh, Nairobi, Kenya.

1.3 Purpose of the Study

The study sought to establish factors, prevalence and awareness of the effects of khat chewing on well-being among the youth in Eastleigh, Nairobi, Kenya.

1.4 Objectives of the Study

- i. To find out factors that contribute to khat chewing among youths in Eastleigh, Nairobi County, Kenya
- ii. To determine the prevalence of khat chewing among youth in Eastleigh, Nairobi County, Kenya
- iii. To assess level of awareness of the effects of khat chewing on social-economic life among youth in Eastleigh, Nairobi County, Kenya
- iv. To assess the level of awareness of the effects of khat chewing on health among youth in Eastleigh, Nairobi County, Kenya

1.5 Research Questions

- i. What are the factors that contribute to khat chewing among youth in Eastleigh, Nairobi County, Kenya?
- ii. What is the prevalence of khat chewing among youth in Eastleigh, Nairobi County, Kenya?

1.6 Hypotheses

The study was guided by the following hypotheses;

H₀₁: There is no statistically significant relationship between awareness of effects of khat and health among youth in Eastleigh, Nairobi County, Kenya

H₀₂: There is no statistically significant relationship between awareness of effects of khat and social-economical life among youth in Eastleigh, Nairobi County, Kenya

1.7 Significance of the study

Further, the study will enable the government, training institutions and the community to be more proactive in addressing challenges facing the youth and devise ways to mitigate against the challenges. Finally, the study will provide pertinent information to policy makers who include lead agencies and other players in the fight against drug abuse.

The findings of this study will be of value to researchers and those in drug abuse prevalence as it will build a basis for future empirical and conceptual research. Further, the study will enable administrators, training institutions and churches to be more proactive in addressing challenges facing the youth and devise ways to mitigate against the challenges.

The study is significant since its findings, if utilized, may inform and strengthen policy-making processes through bodies such as National Agency for Campaign against Drug Abuse (NACADA), private institutions, the United Nations Drug Control Programme (UNDCP) and individuals on the effects of *Khat* chewing the wellbeing of families. This study has generated concrete data, which may facilitate the formulation of policies and strategies to enhance the wellbeing of the families of *Khat* consumers.

1.8 Scope of the Study

Geographical Scope: The study was conducted in Eastleigh, Nairobi County, Kenya. This area is selected because of khat prevalence.

To establish factors, prevalence and awareness of khat chewing effects among the youth in Eastleigh, Nairobi, Kenya. The target population of this study will be khat consumers aged between the age of 18 to 35 years and resides in Eastleigh, Nairobi, Kenya.

This research was conducted in Eastleigh Nairobi, Kenya as soon as NACOSTI and MKU approve it. Tentatively, the researcher hopes to carry out this research from August to October.

The study was based on conceptual framework developed by the researcher review on relationship between independent, moderating and dependent variables: factors, prevalence and awareness of khat chewing effects among the youth in Eastleigh, Nairobi, Kenya.

1.9 Study Limitations

There are limitations that are expected in this study for instance some respondents might not be able to read and write therefore unable to fill the questionnaires and reluctance by the respondents to share information that they may deem too sensitive. Nonetheless, the design of the questionnaire will be such that sensitive issues was obscured from direct interpretation. This played a major role in avoiding biasness and respondent's reluctance to respond.

1.10 Assumptions of the Study

The proposed study was based on several assumptions. It is assumed that the respondents that was chosen for the study answered the questions as asked correctly and truthfully. The researcher further assumes that when the youths are aware of khat effects on health and social economic lives they will stop the consumption.

1.11 Operational Definition of Key Terms

Awareness: knowledge or perception of a situation or fact

Economic situation: refers to the state of the economy in a country or region. ...Economic conditions are considered sound or positive when an economy is expanding and are considered adverse or negative when an economy is contracting.

Effects: This refers to positive and negative outcomes posed by consumption of *Khat*.

Khat consumptions: In this study, khat consumption refers to chewing of green twigs from a *Khat* tree.

Prevalence: in this study the term Prevalence means being widespread and it, is distinct from incidence.

Social life: In this study, the social life means spending time with your friends and different levels of life.

Youth: According to this study, Youth refers to the group of people aged between the ages of 14 years- 24 years.

II. Literature Review

2.0 Introduction

Literature about khat consumption and its effects awareness on Youths in Eastleigh, Nairobi, Kenya, will be presented in this chapter. The chapter also contains the theoretical review, the conceptual framework, research gap and finally the summary of the literature review.

2.1 Empirical Review

2.1.1 Factors That Contribute To Khat Chewing Among Youths

Family Related Factors. Families affect children's substance use behaviour in a number of ways. Different researches have discussed some of the family factors, which more predictive of youth drug abuse such as for instance parental history of chewing behaviour put the child at risk for drug abuse. A study in Kenya by Ofulla and Owuor, (2016), in Kisumu town showed a large number of secondary students indulging in chewing of khat came from families with some individuals who chew it. Such individuals ranged from siblings and parents to relatives from the extended family living with them.

Furthermore, Glennon, (2014), revealed that youth from broken families have a high likelihood to participate in khat consumption. Lack of parental supervision is also another family related factor. Many parents have no time and are far away from their children to provide them with guidance. Some parents have little or no interaction with family members, because their children are far away for education and for other reasons. These phenomena initialize and increases drug abuse among students.

According to the study conducted by Ofulla and Owuor, (2016), peer pressure plays a huge role in convincing many adolescents to engage in the abuse of drugs. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. Friends reinforce other's drug habit through driving them into this group activity, encouraging them to carry on drug using, and fostering their denial of drug problem. This is on the grounds that peer pressure is a reality of adolescence and youth. As they attempt to depend less on parents/guardians, they demonstrate more dependency on friends and peers. Friends encourage each other's drug habits by driving them into this group action, urging them to continue with the drug abuse and fostering the conviction that they do not have a drug abuse problem.

In several nations, the price of drugs has gone down as there has been an increase in supply which means they are everywhere with low cost. In Ethiopia *Khat* plant, grown everywhere and consumers get it with

in a close vicinity to where they live. It is also is also accessible and affordable. The open use of drugs and the prevailing "drug culture" where drug abuse has been normalized in the community is likewise another factor. Many parents/guardians give their children a great deal of cash, which makes it possible for youth to purchase the things they desire, including drugs. Those not given take part in criminal activities such as theft and prostitution to obtain money (Andreae & Rhodes, 2016).

2.1.2 The Prevalence of Khat Chewing Among Youth

A cross-sectional examination conducted in Saudi Arabia in 2006, on 10 universities and high school students, to evaluate the predominance of Khat consumption, demonstrated that the general pervasiveness of Khat consumption in all the considered populace were 21.4%. There were 51(3.8percent) female Khat chewers and 1783 (37.7 percent) male Khat chewers. The pervasiveness was high in optional schools (21.5percent) contrasted with the universities (15.2 percent).

Khat chewers were more in urban regions (24.5 percent) as compared to country ranges (20.50%) (Ageely, 2009). A cross-sectional examination in Jimma University, Ethiopia in 2003 on 400 Jimma college staff to survey the prevalence of Khat consumption and its socio-statistic connects demonstrated that the present pervasiveness of Khat consumption was approximately 30.8percent. There were more male consumers (33.0%) as compared to their female counterparts (20 percent), Muslims (49.0 percent) than different religious gatherings, Tigres (42.9 percent) than other ethnic gatherings, Technical (33.8 percent) than academic staff. Furthermore, wedded (32.4 percent) than singles, age amass 18-24 years (34.4 percent) than other age gathering, and general experts (40.5 percent) than other expert gatherings were observed to be Khat chewers. Around 50.4% of the Khat chewers have at least one times missed their general work at Jimma University in light of biting (Reda & Wondmagegn, 2012).

Hardly any reports could be found in the literature on the dominance of khat among the school students. An examination in Ethiopia uncovered 26.7% lifetime prevalence rate of khat chewing among learners (Reda & Wondmagegn, 2012). Another investigation uncovered that the predominance of khat chewing among high school learners in southwestern Ethiopia was estimated to be 64.9 percent. The pervasiveness rate of current utilization of khat among therapeutic and paramedical students in northwestern Ethiopia was 22.3 percent (Kebede & Gebremichael, 2005).

According to Al-Motarreb and Broadley, (2010), revealed that present khat pervasiveness among the all-inclusive community in Jazan range is 48.7 percent (45.7 percent in countryside contrasted with 61.7 percent in urban regions) (Al-Motarreb & Broadley, 2010). Its utilization was high in the accompanying territories: Sabiya (72.5%), Jizan (61.7%), Alhurath (58.1%), Abu Arish (56.8%) and Samtah (55.7%). With change in mindfulness, there is developing confirmation that the new era of understudies supports the restriction on khat despite the fact that they keep on chewing the leaves before examinations (Al-Motarreb & Broadley, 2010). In any case, khat pervasiveness among high school and understudies in Jazan region was not beforehand announced.

2.1.3 Awareness of the Effects of khat Chewing

Up to the present time, there are no investigations, which have exhibited the awareness level on oral health and social economic effects of khat consumption among youths in Africa. Nevertheless, there is a single study that examined looked to explore the knowledge on khat consumption among medical students in Asia. The respondents shown learning on the wellbeing impacts of khat chewing and trusted it was unsatisfactory for wellbeing experts to consume it. Nevertheless, they thought that it was not in the wellbeing providers' place to ask about khat chewing propensities or to prompt against consuming it.

Health experts ought to have a role to play in teaching consumers about potential damages emerging from utilizing the medication to limit Khat's negative health impacts for the individual and for the society. The principle point of this investigation is to build up the level of knowledge with respect to health and social-economic impacts of khat consumption among the youths in Eastleigh, Nairobi County since no reported research has been done in this area.

The greater part of the research have been done in different nations however, the information is inadequate on Kenya. As indicated by the National Authority for Campaign against Alcohol and Drug Abuse (NACADA) key arrangement 2009-2014, the utilization of miraa is generally spread in Kenya. Furthermore, liquor and drug misuse is evaluated to be most elevated among youthful grown-ups of ages 15-29 and least among grown-ups of ages 65 and more established.

Students in Secondary school fall into this section with higher rate of drug abuse. Those especially conceived and raised in the khat developing locales, for example, Eastleigh are at danger of having health issue as well as social economic problems at a young age among numerous different results of chewing khat. The information accumulated could be utilized for arranging programs for teaching the youths, their folks and the school's administration on the need to stop khat chewing practices.

The north eastern and eastern areas of Kenya are the place khat consumption is generally common. An investigation done in Ijara region, Northeastern Kenya demonstrated that 80% of the respondents were khat chewers and the majority (80%) had relatives who occupied with the khat propensity. There was a general lack of awareness on the negative impacts of khat consumption. Just 40% of the people met conceded that the medication influenced work execution contrarily. The khat propensity was related with strain on family connections, hostile to social conduct and wellbeing impacts, for example, a sleeping disorder.

Unconvinced researches have arrived at conclusions that khat is not very destructive to the human health and tissues. These have made clash in the comprehension of khat consumption and its impacts. Khat chewers are probably going to depend on this information and comfort themselves, henceforth continue with their consuming propensities unaware of the way that different investigations have built up negative health impacts to its consumption. One study found no confirmation to propose that khat chewing has especially hindering oral or dental effects

A survey done in Yemen demonstrated that there was no part of khat biting and recommended awful oral cleanliness as a factor in periodontal disease. Khat biting has been found to have positive impacts on the periodontium as it might have a mechanical purging impact on the dental biofilm.

2.1.4 Khat Consumption and Wellbeing

Khat comprises of various elements hence khat consumption may have many health effects. Yimer and Khan, (2015), reported temperature and pulse rate increase, together with mydriasis in 30 individuals who chewed khat. Studies that followed after revealed that khat consumption is associated with moderate increases in blood pressure, temporary facial and conjunctival congestion, and extra-systoles and increased respiratory rate. Inhibition of micturition, increased diuresis (a consequence of drinking large amounts of fluids while chewing), decreased libido, impotence and spermatorrhoea were also reported (Yimer & Khan, 2015).

Effect of khat consumption on hunger may likewise indirectly impact weight and levels of blood glucose. Gezon, (2016), demonstrated that khat consumption greatly diminishes appetite and brings about the feeling of being full yet had no impact on ghrelin and peptide YY levels. They inferred that the anorexigenic impact of khat may be auxiliary to focal components interceded by means of cathinone.

Multiple studies have been conducted relating to the oral and dental health of khat consumers. During the chewing process more than 90% of the alkaloid in khat is extracted into saliva and a large portion of it is absorbed via the oral mucosa (Gezon, 2016). Thusly, oral tissues, for example, the oral mucosa, are exposed to high levels of the contents of khat predisposing them to its potentially harmful effects. Various early research on effects of khat on oral tissues revealed that khat chewers had a lower dental caries rate (Glennon, 2014).

2.2 Theoretical framework

2.2.1 Social Learning Theory

As indicated by Siemens, (2014), the key principles of social learning theory are that, learning is not simply behavioral; rather it is an intellectual process that happens in a social setting. Learning can happen by observing behaviour and observing the outcomes of the behaviour (vicarious reinforcement). Furthermore, learning includes observation, obtaining of information from the observations, and settling on choices about the execution of the behaviour (observational/ modelling). Subsequently, reinforcement is part of learning but it is not exclusively accountable for learning.

Through observational learning, both young and old people become acquainted with the general concepts of situations as well as specific behaviour. According to O'Connor and Scott, (2013), parents influence their families' behaviour and social relationships. This fact explains why consumption of *Khat* is entrenched in families. The tenets for behaviour in every social setting are developed from what has been seen in watching others and the outcomes of their behaviour in the past and what one comprehends about the demands in the present circumstance (Parkay & Hass, 2014).

This theory is important for understanding why people indulge in *Khat* consumption and other *Khat*-consumption behaviour. Most people learn from their social environment and according to the interpretation of what they consider worthwhile. This is where families and other social environments play a major role in either practicing the learnt behaviour. Social learning theory is also applicable to this study because it emphasizes on people learning through observation. This explains the use of other substances such as alcohol and bhang during *Khat* chewing sessions. Precisely, as they grow up, there is a tendency to develop a positive attitude towards consumption of *Khat* especially if they have a role model who consumes *Khat*.

Given the fact that *Khat* growing is the economic mainstay in the county, the people in this environment associate wealth and prestige to *Khat* growing, thus reinforcing its consumption (O'Connor & Scott, 2013). At this point, widespread *Khat* consumption among family members especially the elder members whom are looked up to, for guidance and direction. Furthermore, consumption of *Khat* is a legal and acceptable behaviour in Kenya. This fact explains why family members chew *Khat* irrespective of age and gender, while traditionally *Khat* chewing was a preserve of the elderly after a hard day.

2.2.2 Reference Group Theory

This theory is credited to Lyndon and Schupp, (2015). According to Lyndon and Schupp, (2015), “Men shape their attitudes to reference groups other than their own”. The references groups, according to them, are the groups within which individuals are members or aspire to maintain membership. Such groups provide a form of reference and attitude formation for members.

The basic assumptions of reference group theory are that a person's demeanor and attitudes are molded by the group in which they are a part of or identify with, and that self-examination and the correlative sentiments and behaviour are a result of the person's position in a specific group within a social hierarchy. This point is corroborated by the psychology of groups, which states that in a group environment, individuals will conform to the norms of the group to have a sense of belonging (Moradi & Parent, 2013).

The choice of a reference group according to these authors is based on simple assumptions about motivation and maintenance of social patterns that are of value to the group members. In their view, group members have their own set rules and they understand their limits. Reference group theory is considered relevant to this study in that people may get involved in Khat consuming habits, to fit in their peer groups or for identity purposes. Furthermore, Khat consumers acquire a sense of belonging and identity as they consume Khat.

They consider Khat to be a prestigious commodity to the community for its socio-economic aspects. This encourages others to emulate reference groups for identity and solidarity purposes. Khat consumption activities are done in groups and mostly in the company of family members, business associates, relatives and friends (Moradi & Parent, 2013). Following this line of argument, we can deduce that the Khat consumption is a practice, which is learnt from individuals or reference groups. A few individuals from a group may withdraw from the modular example of behaviour just because of their synchronous membership in different groups.

2.3 Research Gap

Some scholars such as Ngeranwa, (2013), Klein (2004), Gelaw and Haile-Amlak, (2017), have concluded that khat consumption has a negative impact on both social and economic life. They further indicated that there is a large number of people who chew Khat all night long, becoming increasingly aggressive, go home in the morning, beat up their wives and go to sleep throughout the day. It also argued that, many users of Khat secure daily portion at the cost of basic needs, indicative of dependence. However, these studies have not indicated the level of awareness on khat chewing as such the current study will tend to determine the extent to which khat consumption awareness affects the social economic life of youths in Eastleigh, Nairobi.

Some scholars like Yimer and Khan, (2015), have concluded that Khat contains numerous essential nutrients; henceforth khat consumption may have many health effects such as rise in temperature and pulse rates as well as mydriasis in thirty individuals consuming the drug. The study did not specify the age limit as such there is needed to carry out a study on youths. To determine how khat consumption affects the youths' health.

2.4 Conceptual Framework

The conceptual framework demonstrates the relationship between the independent and dependent variables.

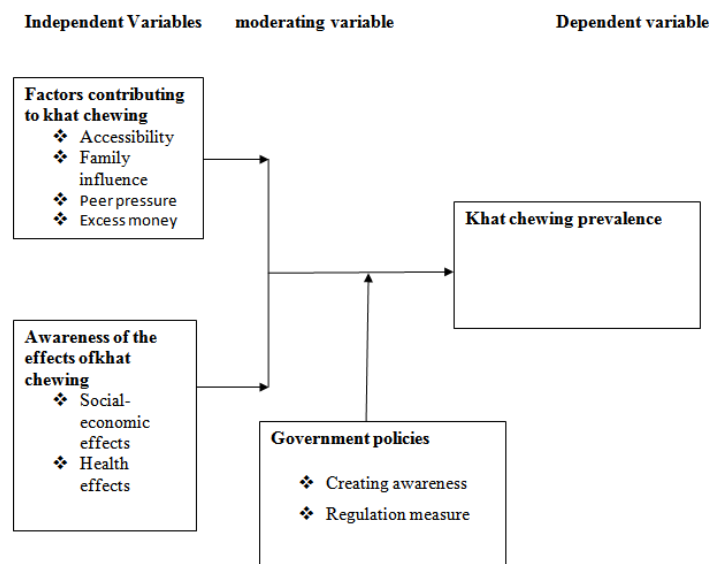


Figure 2.1: Relationship between independent, moderating and dependent variables

Source: literature review (Research, 2017)

2.5 Summary of literature Review

Several scholars have indicated the prevalence of khat across the globe. For instance, (Kerebih, Soboka, Hibret, & Nyameino, 2016) reported that, khat chewing prevalence across different religions, ages, genders, economic status and the area of residence. Worldwide, the number of people who consume khat is not known; however, it can be approximated to be about 10 million. However, Khat is considered as substance in some countries like the UK and Scandinavian countries, it is a drug, which circulates freely in all of the East African regions.

On the effect of khat, consumption can lead to many social issues such divorce and rise of crime as indicated by Gelaw and Haile-Amlak, (2017), the khat consumption has led to breakdown of the family unit, diverting family and individual pay, bringing about disruption and absence from work as well as causing food insecurity. In accordance with this, research uncovered that in Somalia, Khat is seen as a substantial drain of money and time and as a reason for decrease in productivity when working at both household and macro levels (Gezon, 2016), and is seen to be the biggest reason as to why some men fail to support their families. Men neglect their families or ill-treat their partners, prompting the high occurrence of female initiated divorce.

III. Methodology

3.1 Introduction

This section talks about the exploration methodology and features the research design, research approach, study location, target population, sample size determination and sampling procedure, inclusion and exclusion criteria, research instrument, data analysis methods and ethical consideration.

3.2 Research Design

The study adopted a survey research method whereby the collected data from a sample of individual through the questionnaire and interview guide. According to Zikmund, (2000), this method of data collection represents each individual.

3.3 Study Location

Eastleigh is in outskirts of Nairobi, Kenya. It is situated east side of Nairobi the central business district (CBD). Largely occupied by Somali community, the town can also be referred to as "Little Mogadishu", or "a country within a country with its own running economy" because of its healthy commercial sector. The researcher will conduct the research in Eastleigh, Nairobi County, Kenya. It will focus on factors, prevalence and awareness of the effects of khat chewing among the Youth.

3.4 Target Population

This study targeted youth between 18 to 35 years old from Eastleigh. The study will target 200 youths from Section I, 150 from Section II and 100 from Section III, which has lower population as compared to other sections according to Eastleigh Business Centres report (2014). The study further targeted (2) two individual from each Division who are above 35 years old. Therefore, the study target population will be 456 participants.

3.5 Sample size determination and sampling procedure

3.5.1 Sample size and sampling procedure

Based on Mugenda and Mugenda, (2003) recommendation the below formula is adopted when the population is more than 10,000.

$d =$ will be represented by the level of statistical significance set $= 0.5$

$$n = \frac{z^2 * (p) * (1 - p)}{d^2}$$

$$n = \frac{1.96^2 * (0.5) * (0.5)}{0.05^2}$$

$$n = 384$$

From the above calculation, the study utilized a sample size of 384 youths. Therefore, the study sample size will consist of 384 youths and 6 Key Informants that is a total of 390 participants.

$$ns = n * ps = 384 * \frac{x}{450}$$

Whereby ns represents the stratum sample size

$n =$ the stratum sample size

$$ps = \frac{\text{Total number of respondents per strata}}{\text{Total number of respondents in the target group}}$$

Total sample for the whole population will be 384

Table 1: Sample Size

Target Population size	Sample size
Section I 200	171
Section II 150	128
Section III 100	85
Total 450	384

3.5.2 Sampling Procedure

The three Divisions in this study were selected purposively because they are the three main Divisions in Eastleigh. Information obtained from them will therefore most likely reflect on the real situation in the targeted population.

The sample size determination was based on proportionate sampling to allocate the number of participants in each Division depending on the ratio of Participants in each division. Each Division will then be subjected to random sampling method to choose the study subjects in the area till the preferred sample size is acquired. The study was purposely select two focus group discussions from each Division.

3.6 Inclusion and exclusion criteria

3.6.1 Inclusion

Individual residing in Eastleigh
Individuals are willing to participate

3.6.2 Exclusion

The individuals residing in Eastleigh who are not of sound mind
Individuals who are not willing to participate

3.7 Research Instruments.

For the four goals, two data gathering procedures was employed. These are Key Informant Interviews (KII) and structured questionnaire. The participants will be required to respond appropriately.

The study used questionnaires for data collection from the Youths. The questionnaires will comprise of both open and close-finished inquiries. The closed-ended questions gave more sorted out reactions to energize solid suggestions. The closed-ended inquiries was moreover be used to test the rating of various qualities and this helped in diminishing the amount of related reactions remembering the true objective to get an extensive variety of reactions.

The open-ended inquiries gave additional information that may not be featured in the closed-ended inquiries. The surveys was developed and tried with two or three people from the masses for extra upgrades.

The questionnaires were organized into sections. Organizing will be done with a definite objective of ensure accuracy and validity of information to be gathered for the research. The questionnaires were handed out to the respondents by making use of the drop and pick later strategy.

For the four objectives, two data collection techniques was employed. This is structured questionnaire. The participants was required to respond appropriately.

A poll will be favored method of information accumulation from surveyed young people as it takes into account the gathering of huge amounts of standard information over a brief period and in a comprehensive way. The survey (see Appendix I) consisted of three sections A, B, C and D. Section A consisted of biographical information while Part B, C, D and E addressed the key segments for the four objectives. The researcher enrolled and situate one research right hand and four research assistant who under his watch and that of the senior researcher, helped in facilitation of data collection.

3.7.1 Pilot

The questionnaires used in this study was pre-tested through a pilot study before actual data collection. The instruments was pre-tested in Pangani area, where the participants was supplied with questionnaires and fill.

3.7.2 Validity of the Research Instrument

Validity is characterized by precision and significance of inductions, which depend on the outcomes of the study (Mugenda and Mugenda, 1999). At the end of the day, validity is how much outcomes got from the examination of the information represent the subject under examination. Validity, as indicated by Borg and Gall, (1989) is how much a test measures what it claims to measure. To guarantee validity of the instrument the researcher imparted the data in the questionnaires to experts to find out whether the questions are appropriate. Vague questions was disposed of and harmonized to enhance the validity of the questionnaire.

3.7.3 Reliability of the Research Instrument.

According to Kothari, (2004), an instrument is reliable in the event that it yields steady outcomes over a specific time. Test-retest method will be utilized to establish consistency of the questionnaires. Alternatively, Pannerselvam (2006) expresses that consistency is the extent to which a specific instrument yields steady outcomes after each rehashed trial. This guarantees the genuineness of results gathered and avoids alteration. The retest was conducted using of the Cronbach constant alpha for the degree at which the variable is measured. A cut-off of more than 0.7 will be satisfactory in evaluating consistency for multi-item measures. As indicated by Best and Kahn (2005), a reliability coefficient of 0.6 or more is adequate for an instrument. In the event that the coefficient acquired was less than 0.6, the researcher will modify the instruments before reusing them for data collection.

3.8 Data Analysis Procedure

Information gathered from the field in crude form is hard to decipher, such information must be cleaned, coded, and entered in the software for analysis (Mugenda and Mugenda, 2003). Information gathered was analyzed with the help of the statistics software SPSS (version 24). Findings will be displayed in graphs, tables and pie charts.

Inferential statistics, that is, Chi-square was used to apply a one-on-one relationship between the independent variables and the dependent variable. This formed the basis for rejecting or accepting the null hypothesis. Correlation coefficient (r) value that is larger than 0.5 means that there is a significant relationship between study variables while (r) values less than 0.5 mean that the relationship between the variables is not significant. The researcher adopted content analysis method to analyze qualitative data.

3.9 Ethical Consideration

Ethical issues are important for accomplishment of any study and especially in social research (Blaxter, Huges & Tight, 2006). The respondents were guaranteed that the data they gave was for academic purposes as it were. They were presented with the approval letter to conduct research from the University.

The investigator fulfilled the Mount Kenya University research values and integrity and well obtaining the research permit from NACOSTI. The researcher obtained authorization from the participants and then interview them; in this instance, the participant was not forced to contribute in the study.

The researcher conformed to Mount Kenya University research standards and ethics, and secured a permit for research from NACOSTI. The researcher requested authorization from the respondents before he begins carrying out the interviews, for this situation, no one was compelled to be part of the process.

There was no requirement for respondents to indicate their names, assuring them that their information they provide will be confidential. This confidentiality was encouraged enable the respondents to freely divulge their opinions. To ensure the questionnaires and collected data was not be accessed without authorization, the computer in use was password-protected.

IV. Data Analysis, Presentation, And Interpretation

4.1 Introduction

The chapter discusses the analysis of data, interpretation and the presentation of the research findings. Data analysis is the process of reducing or summarizing a large amount of collected data to data that addresses the initial proposition of the study (Chandran, 2004). This chapter presents the research findings as related to the research questions that guided the study.

4.2 Questionnaire Return Rate

Table 2: Response Rate

Frequency		Percentage
Completed	384	100%
Not completed	0	0%
Total	384	100.0

The study targeted 384 group members whereby all of them filled and return the questionnaires. The response rate was 100 percent enough to make the study conclusion.

4.3 General Information

This section presents the demographic characteristics of the respondents. The characteristics were gender, age, education level, source of income and religion.

4.3.1 Gender

The study sought to determine the gender of the respondents. The findings are shown in Table below.

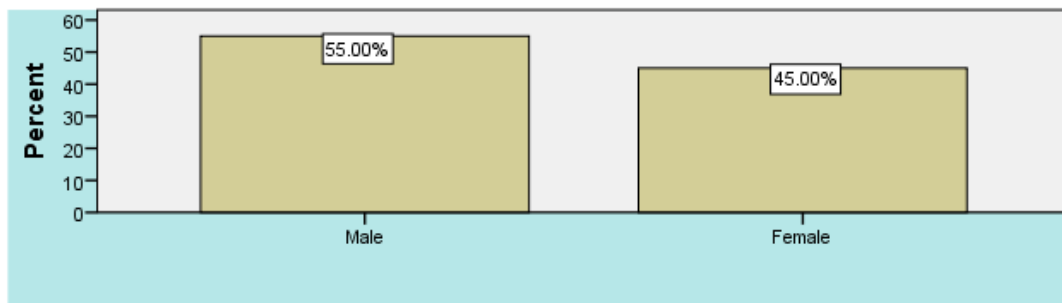


Figure 1: Gender

From the findings presented in Table above, 55% of the respondents covered in this study were male while 45% were female. This indicates that in most of Khat consumers are male.

4.3.2 Age

The researcher requested the respondents to indicate their age bracket. The results are shown in Figure below

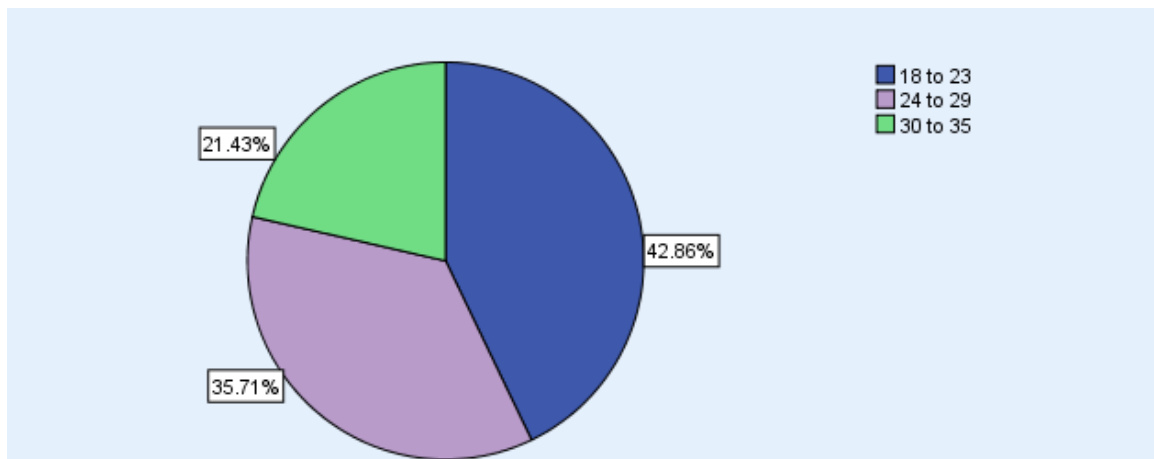


Figure 2: Age

Figure 3 shows that majority (42.86%) indicated that they are aged between 18 to 23 years. This is followed by 35.71% of respondents who revealed that they aged between 24 and 29 years while 21.43% were aged between 30 to 35 years. The findings indicate that the respondents are well distributed in terms of age.

4.3.3 Education Level

The respondents were asked to indicate their education level the findings are shown in the Table below;

Table 3: Education level

	Frequency	Percent
Primary School	65	16.9%
Secondary	214	55.8%
Post-Secondary	105	27.3%
Total	384	100.0%

Table above shows the distribution of the respondents by their education level, the majority (55.8%) of respondents were high school levers, 27.3% had attained Post-Secondary while 16.9% had primary education. This indicates that most respondents were educated therefore information obtained will be reliable. In this case, education has an impact on the decision or the activities conducted by respondents. The educated individuals cannot be easily influenced to consume khat.

4.3.4 Marital Status

The respondents were asked to indicate their marital status, the findings are as shown in the Figure below;

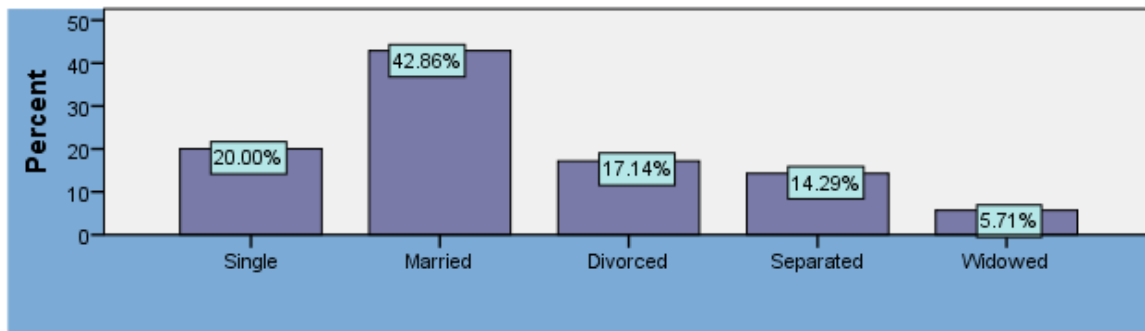


Figure 3: Marital Status

The Figure above shows distribution of respondents based on their marital status whereby majority 42.86% were married, 20% were single, 17.14% were divorced while 5.71% were widowed. The findings imply that most respondents have families that depend on them hence they might avoid chewing khat due to its negative impact to their families. The researcher assumes that by having the information from different marital categories will be reliable to make the conclusion.

4.3.5 Religion

The study sought to assess the respondent’s religion the findings are presented in the Figure below;

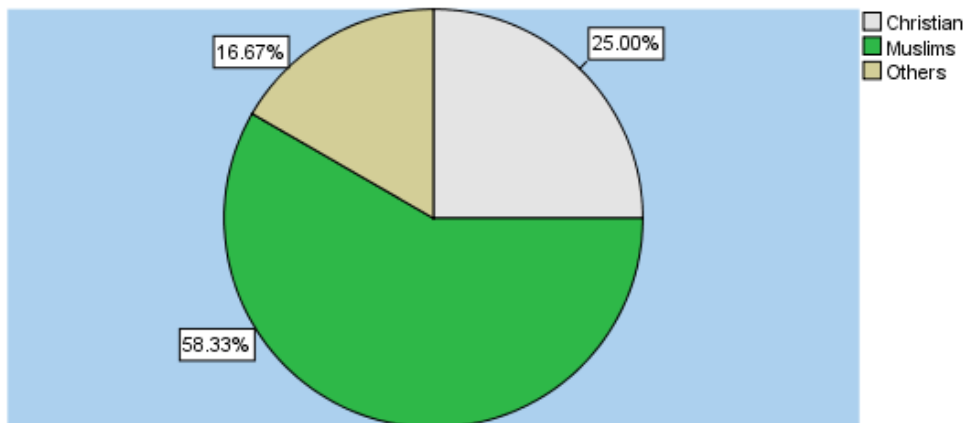


Figure 4: Religion

The Figure above shows the respondents distribution based on religion. Majority (58.33%) of sampled population indicated that they were Muslims, 25% were Christians while 16.67% belong to other religions. This implies that most of residents are Muslims and they are highly affected by Miraa consumption.

4.4 Factors that Contribute to Khat Chewing

Objective one of this study sought to assess the factors that contribute to khat chewing among youths in Eastleigh, Nairobi County, Kenya. To address this objective, structured questions were asked to the respondents and their responses are as shown below;

4.4.1 Khat Introduction

The respondents were asked to indicate who introduced to Khat, the findings were as shown below;

Table 4: Introduction to Khat

	Frequency	Percent
Neighbour	150	36.06%
Peer	130	33.85%
Family Member	70	18.23%
Miraa vendor	34	8.85%
Total	384	100.0%

The findings from the Table 4 shows that majority (36.06%) of respondents revealed that they were introduced to khat by their neighbour, 33.85% by the peer, 18.23% by family members while 8.85% from miraa vendors. This implies that friends have an impact on each other, in this case those who chew khat are mostly likely to encourage others to chew. This goes hand in hand with the study conducted by Ofulla and Owuor, (2016) in Kisumu who revealed that family can influence their children to take some forms of drugs. They also concluded that a significant number of student learnt how chew khat from families and friends who chew it.

4.4.2 Supply

The respondents were asked to indicate who supplied drugs to them, they responded the following;

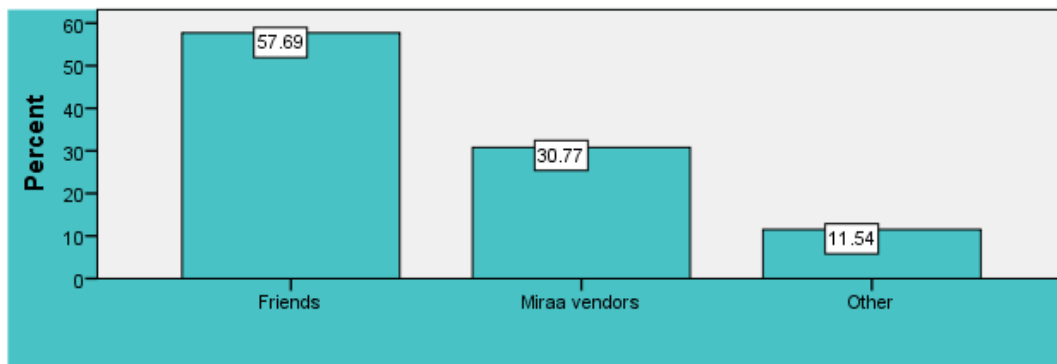


Figure 5: Supply

The Figure above shows the distribution of respondents based on khat supplier. Majority (57.69%) indicated that they were supplied with khat by friends, 30.77% supplied by miraa vendors while 11.54% others. This shows that friends play an imperative role in influencing other to consumer khat. After the vendors distributed the drug, they gave some to friends, which became a habit. Most of the respondents tend to sit together discussing issues affecting them, this is also the time they take to influence each other to chew miraa. The means that khat consumption is associated with pressure from friends. This findings supports the social learning theory behaviour is learnt in a social environment through observational modelling (Newman & Newman, 1999).

4.4.3 Reasons for Chewing

The respondents were asked to indicate the reason as why they chew khat, their opinions were as follows;

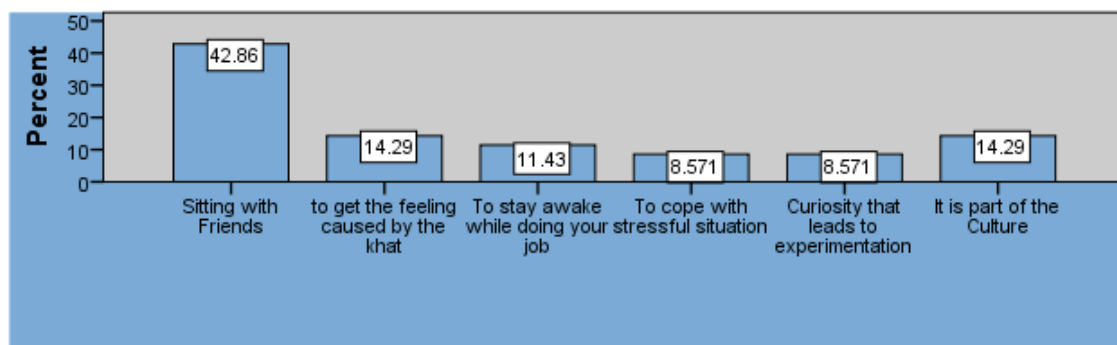


Figure 6: Reasons for Consumption

The Figure above shows that majority (42.86%) of youths sampled indicated that they chew khat in order to sit with friends, 14.29% to get the feeling caused by chewing khat and as part of their culture while 8.571% revealed that they chew Khat because of curiosity and coping with stressful situations. Most of khat consumers chew khat because they want to sit with their friends who might influence them to start chewing khat. The study carried out by Ofulla and Owuor, (2016) revealed that peer pressure is one of the major factor as why young people might start taking drugs. This is because young people depend more on friends than parents. Peers motivate them to take drugs by driving them in group activities.

4.4.4 Khat Accessibility

The respondents were asked; how difficult do you think it would be for you to get each of the following if you wanted?

Table 5: Accessibility

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
Alcohol	14.6%	18.8%	29.2%	20.8%	16.7%
Miraa	0.0%	11.8%	35.3%	31.4%	21.6%
Marijuana	7.3%	19.5%	36.6%	26.8%	9.8%
Cigarette	0.0%	9%	30%	34%	27%
Cocaine and others	60%	30%	0.0%	0.0%	10%

The Table above shows that majority (29.2%, 35.3% and 36.6%) of respondents revealed that it is fairly easy to access alcohol, Miraa and Marijuana respectively. The findings also indicate that 34% can easy get cigarette while 60% it is very difficult to get cocaine and others. The findings shows that Khat is one of the common drug in the area as such most of youths sampled consume it. This findings goes hand in hand with the conclusion made by Andreae and Rhodes, (2016) that khat is easily available due high supply and its affordability. Khat is grown everywhere and consumers can get it anytime they want hence high rate of consumption.

4.5 Khat Consumption Prevalence

The second objective of the study was to evaluate the prevalence of khat chewing among youth in Eastleigh, Nairobi County, Kenya. The following sub-sections answered the research questions.

4.5.1 Khat Consumption

The respondents were asked to indicate if they consume khat, the Figure bellow presents the findings;

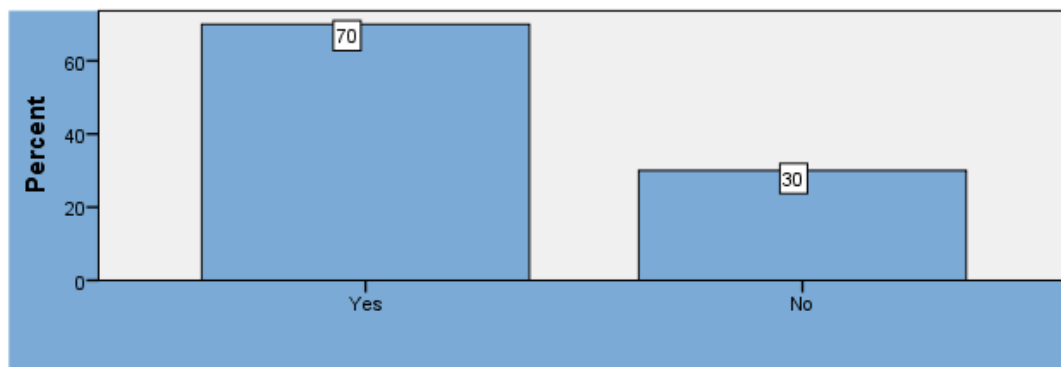


Figure 7: Khat Consumption

Majority (70%) of total population sampled consume khat while 30% do not as presented in Figure above. The findings shows youths consumption rate of 70% which is very high, this might have been attributed by many factors such as khat accessibility and influence from friends and relatives as presented in section 4.4.3. This findings contradict the study conducted by Ageely, (2009) in Saudi Arabia in 2006, he concluded that the khat prevalence rate was at 21.4%. His study continued by stating that in urban areas the rate was approximately 24.5% while the country side was 20.5%

4.5.2 Khat Consumption Frequency

The study sought to determine khat consumption frequency, the findings are as shown below;

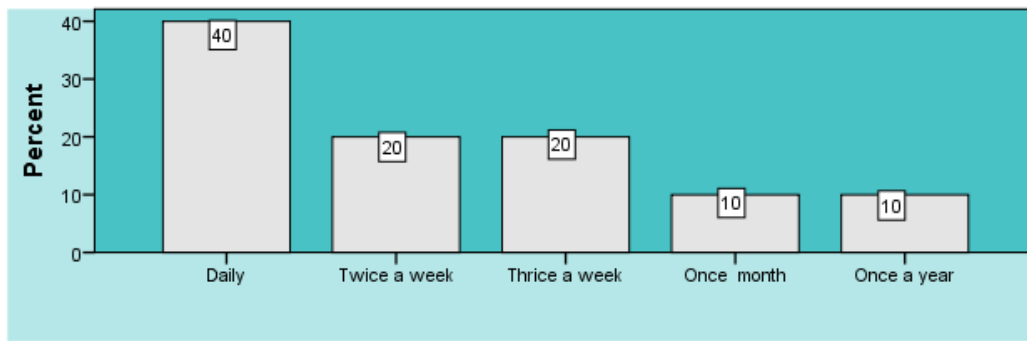


Figure 8: Khat Consumption Frequency

The Figure above shows the distribution of respondents based on how often they consume khat. Majority (40%) indicated that they consume khat daily, 20% consume it twice a week and thrice a week while 10% consume it once a month and year. The consumption frequency is based on the fact that they consume khat because they want to talk with their friends as shown in section 4.4.3.

4.5.3 Quantity Consumed

The respondents were asked to reveal the amount of khat they consume; the findings are shown below;

Table 6: Quantity Consumed

	Frequency	Percent
Few Twigs	50	13%
One bundle	150	39.1%
Two bundle	84	21.9%
More than two bundle	100	26.04%
Total	384	100.0%

The Table shows that majority (39.1%) of study participants consume one bundle, 26.04% consume more than two bundle, 21.9% two bundle while 13% consume few twigs. The findings shows that youths have become very addictive to khat since most of them consume more than one bundle a day. Since these individuals consume khat every day from morning to evening they might consume more bundles. The findings supports the conclusion made by Mugambi, (2016) who conclude that most youths who use khat usually consume more than one bundle while some are not deeply attached to it might eat only some twigs a day. Haji, (2005) revealed that khat consumption was the major mode of consumption among the youths sampled. This findings is also in line with the conclusion made by Muthui & Muchui (2012) who indicated that most of khat consumers were champing mouthfuls of *Khat* twigs.

4.6 Awareness on Social Economic Life

The study sought to determine the level of awareness of the effects of khat chewing on social-economic life among youth in Eastleigh, Nairobi County, Kenya. The respondents were required to state their views, the findings are as shown below;

4.6.1 Effects of Khat Consumption

The participants were asked to indicate the effects of khat consumption on social economic status.

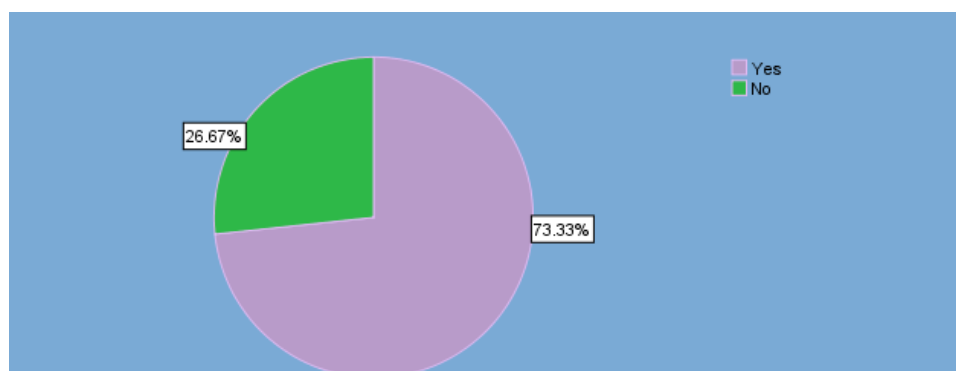


Figure 9: Effects of Khat Consumption

The Figure above shows that majority (73.33%) of respondents are aware of khat effects while 26.67% were not aware. The findings shows that the awareness level is high, which might have been attributed by their education level as presented in section 4.3.3. Moreover, youths consume khat more than one bundle a day meaning that they know the impact of khat to their economic life.

The participants were asked to indicate at what age they started consuming khat. Most of them revealed that they started consuming khat at the age of 13 to 18 years when in high school. The reasons for consumption was that they had enough money to purchase khat and some consume because they saw others consuming it. This findings goes hand in hand with the conclusion made by Kebede and Gebremichael, (2005) who indicated that khat consumption rate among students is high is influenced by its availability and peer pressure. Andrae and Rhodes, (2016) in their study revealed that most parents and guardians give their children a lot of money that encourage youths to buy anything they want, some out to purchase khat.

The participants were also asked to indicate how much they spend on consuming khat and the amount they spend on khat. Most of them indicated that they spend more than 5 hours a day and they spend more than 500 ksh in a day. This shows that khat consumption has a negative impact on their spending. Given that most of residents in Eastleigh are middle class earners, spending more than 500 on khat can lead the family to financial crisis. Spending more than 5 hours a day consuming khat lowers the youth's productivity, some revealed that they consume it at night, this leads to fatigue hence low productivity.

4.6.2 Khat Consumption

The study participants were asked to indicate whom they consume khat with, the Table below presents the findings;

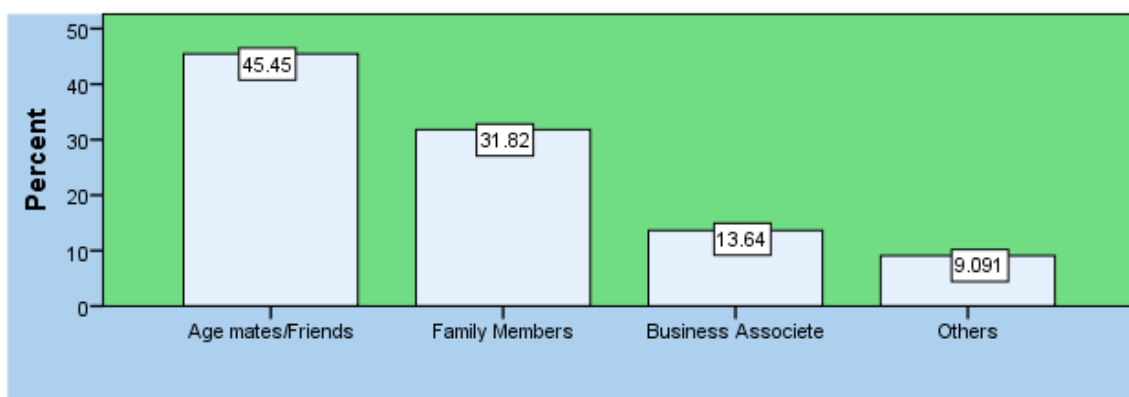


Figure 10: Consumption

Majority (45.45%) of study participants consume khat with their age mates/friends, 31.82% family members, 13.64% business associate while 9.091% other as presented in the Figure above. Most of respondents revealed that they consume khat because they want to talk to their friends same as what they stated in sub-section 4.4.3. The respondents also revealed that consuming khat with friends has made it hard for respondents to provide for their families, they spend most of their money on this drug. Endorsing on the impact associated with khat consumption one FGD linked khat consumption with the inability to support the family.

“Consuming khat makes it hard for the family to support its basic needs like medical need, shelter, food and clothing.....” (FGD 2018).

Some respondents indicated that consuming khat with their friends and relatives promotes interaction and updating themselves with what is happening in the society. This is in line with the study conducted by Onger (2008) who indicated that consuming khat is entrenched in majority of households whereby parents share with their sons as they share their day experience. This shows the importance of khat consumption in the study area as it offers older people an opportunity to advice their children hence promoting family unity.

4.6.3 Consuming Khat with Other Drugs

The respondents were asked if they consume khat with any other drug, the findings were as shown below;

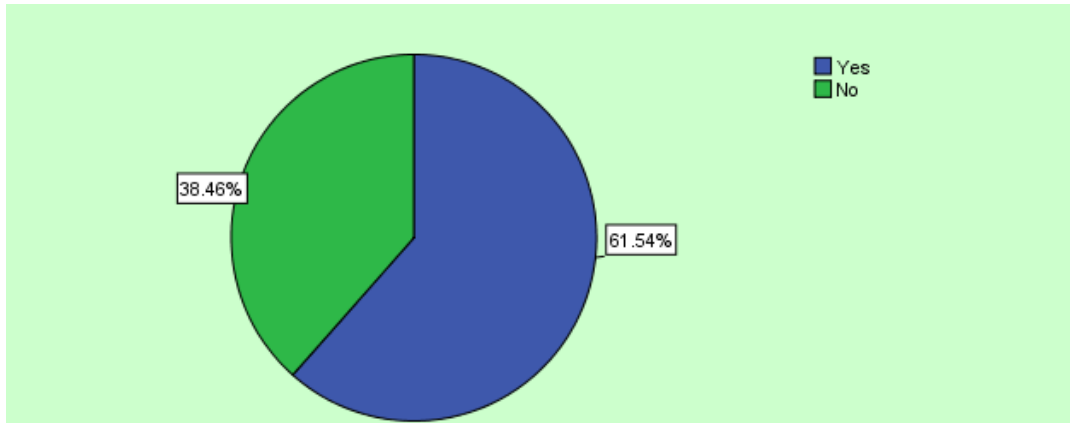


Figure 11: Consuming Khat with Other Drugs

The Figure shows that majority (61.54%) reported that they consume khat with other drugs while 38.46 do not. The findings shows that youths consume khat along with other drugs, they still said that consuming other drugs alongside khat was due to influence. Despite being aware of khat consumption effects 4.6.1 they still continue consuming the drug.

4.6.4 Substance Abuse

The following section shows youths response on consuming khat with other substances;

Table 7: Substance

	Frequency	Percent
Traditional Brew	150	18.23%
Bhang	130	33.85%
Cigarettes	70	36.06%
Others	34	8.85%
Total	384	100.0%

The Findings shows that 36.06% stated that they consume khat with cigarettes, 33.85% khat with bhang while 18.23% khat with traditional brew. This findings shows that the rate at which youth’s abuse drugs in very high. This rate is attributed by the fact that they consume khat together and influence others to eat together with other drugs. This findings also supports the findings by Alem, et al. (1999) who revealed most young people consume khat alongside other drugs. This is because the drugs are accessible and they are being encouraged by family member who spend most of their time away from the family consuming and taking alcohol.

4.7 Awareness of Khat Consumption on Health

The fourth objective of the study was to assess the level of awareness of the effects of khat chewing on health among youth in Eastleigh, Nairobi County, Kenya.

4.7.1 Effects of Khat on Health

The study participants were asked to indicate if they are aware of khat effects on health; the findings were as shown below;

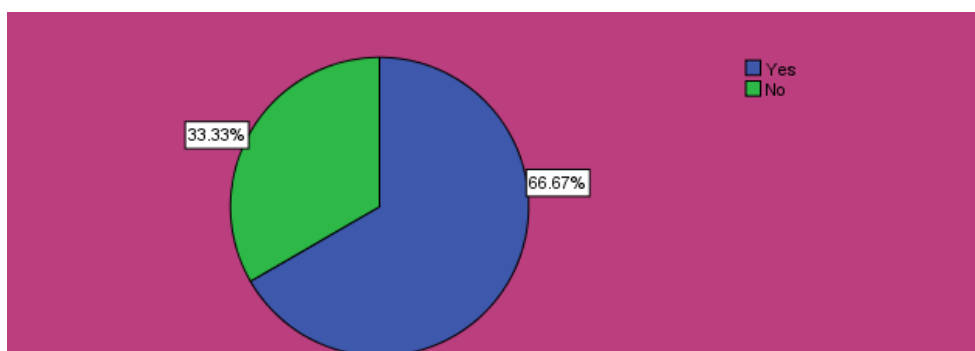


Figure 12: Effects of Khat on Health

Majority (66.67%) were aware of effects of khat consumption on health while 33.33% were not aware as presented in the Figure above. Despite the fact that most youths are aware of khat consumption effects their rate of prevalence is still high. The respondents also indicated that khat consumption leads to loss of concentration and fertility issues. Some revealed consuming khat has an impact on brain, they stated that khat consumption has made them to start hallucinating.

The findings supports the conclusion made by Alem, et al. (1999) who stated that the use of khat keeps the users aware for a long period of time hence affecting their reception of well-coordinated information. This findings is also supported by most FGD who stated that khat availability and accessibility play an important role in its consumption which has negative effects on the consumers' social and physical health.

4.7.2 Effects of Khat on the Body

The respondents were asked to indicate if consuming of khat has an impact on the teeth and the rest of the body, the results are as shown;

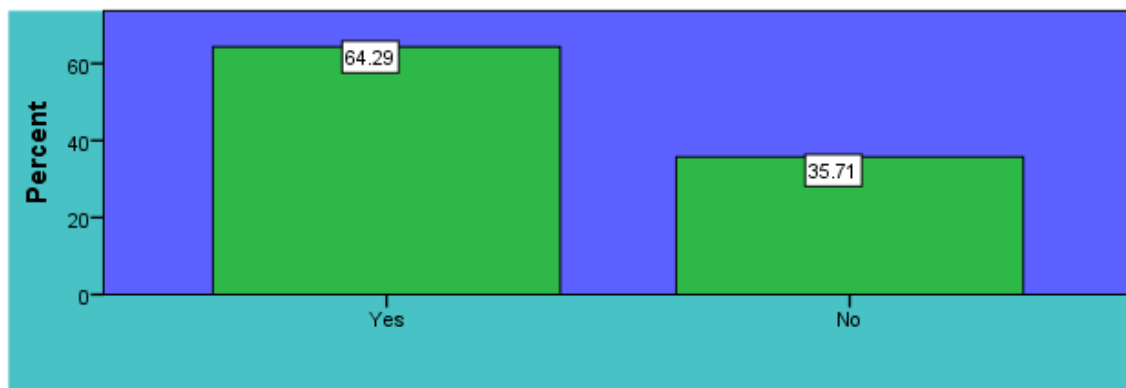


Figure 13: Effects of Khat on the Body

Figure above shows respondents' distribution based on their knowledge on khat effect on the body. The findings shows that 64.29% of are aware that khat affects their bodies while 35.75% were not aware. Most of them stated that khat consumption makes a person to growth thin due to loss of appetite, some revealed that khat consumption has negative impact on heart activities and teeth. The FGD revealed that the consumption of khat causes body pain due to fatigue caused by lack of sleep. This findings is consistent with the conclusion made by Mugambi, (2016) who revealed that 39.5% of respondents lack sleep and chewing khat. This is also goes hand in hand with findings by (Griffiths, 1998 and Kalix, 1984) who found out that chewing khat expels sleep and encourages communication, which keeps the consumer awake.

4.8 Inferential Analysis

This section presents a summary of correlation analysis between the independent variables including education level and health and youth's health. The results was compared at 95% confidence interval.

Table 8: Correlation between Education level and Health

	Education level	Health
Education level	Pearson Correlation	1
	Sig. (2-tailed)	.0089
	N	384
Health	Pearson Correlation	.471
	Sig. (2-tailed)	.0089
	N	384

Table 7 shows that there is a moderate positive correlation between awareness level and health impacts (0.471). When Sig. (2-tailed) is less than the p-value (0.005) the null hypothesis is failed to be accepted and conclusion made that the two variable have a significant relationship. In this case the p (two tailed) is 0.0089, which is less that (0.05) implying that the null hypothesis is rejected and conclusion made that there is a significant relationship between education level and effects of khat on youth's health. This means that when youths are aware of health impact of khat they might end up not chewing or minimizing the consumption rate. This finding supports the findings by Mugambi, (2016) who revealed that the predictor variable (awareness or education) had a significant impact health effect with p-value of 0.001. She concluded that there is statistically significant relationship between *Khat* consumption awareness and consumers' wellbeing.

Table 9: Correlation between education level and Social-economical life

		Education level	Social-economical life
Education level	Pearson Correlation	1	.844**
	Sig. (2-tailed)		.000
	N	378	378
Social-economical life	Pearson Correlation	.844**	1
	Sig. (2-tailed)	.000	
	N	378	378

** . Correlation is significant at the 0.01 level (2-tailed).

The findings shows that the correlation between Education level and social economic life is 0.844, which is strong positive. When Sig. (2-tailed) is less than the p-value (0.005) the null hypothesis is failed to be accepted and conclusion made that the two variable have a statistically significant relationship. Since p (value) is less than 0.005 the null hypothesis is rejected and conclusion made that there is a significant relationship between education level and social-economical life. The findings is consistent with the conclusion made by Haji (1985), Turning, (2004) and Sykes et al, (2010) who revealed that there is a positive relationship between education level and khat consumption rate, chewing khat leads to poor family relation. Most consumers spend a lot of money on khat hence forgetting their families.

V. Summary, Conclusions And Recommendations

5.1 Introduction

Based on the information on Chapter four the process through which the variables identified in chapter three were operationalised into measurable indicators that were in data analysis with an aim of meeting the research objectives. The researcher in the last chapter has presented the general findings of the study which indicated that there was a positive relationship between khat awareness level and social economic factors and health. This section provides a comprehensive information about the study findings, conclusions, and recommendations and finally further study area.

5.2 Summary of Key Findings

This sub-section presents the study findings based on the objectives. The first objective was to assess factors that contribute to khat chewing among youths in Eastleigh, Nairobi County, Kenya. The study revealed that (36.06%) of respondents revealed that they were introduced to khat by their neighbour and peers. Friends and family members played an imperative role in influencing youths to consume khat. The study also found out that 57.69% of youths indicated that they were supplied with khat by friends. Moreover 42.86% of youths stated that they chew khat in order to sit with friends. The study also found out that the 36.6% of participants believe miraa accessibility is the reason for its consumption.

The second objective of this study was to determine the prevalence of khat chewing among youth in Eastleigh, Nairobi County, Kenya. The study found out that 70% of youths consume khat, this shows that the khat consumption prevalence is very in Eight Leigh. The researcher also found out that 40% of youths consume khat daily. Furthermore, 39.1% of youths consume one bundle every day.

The third research objective was to assess the level of awareness of the effects of khat chewing on health among youth in Eastleigh, Nairobi County, Kenya. The researcher found out that 66.67% were aware of effects of khat consumption on health but they still consume it. More than 60% of Youths in Eastleigh stated that they are aware that khat affects their bodies. The study also found out that there is a significant relationship between the levels of awareness of the effects of khat chewing on health.

The last objective was to assess level of awareness of the effects of khat chewing on social-economic life among youth in Eastleigh, Nairobi County, Kenya. The study found out that 73.33% of youths are aware of khat effects while 61.54% consume khat with other drugs. More than 30% of youths consume khat with cigarettes, 33.85% khat with bhang. Finally the study found out that the level of awareness has a significant effect on khat consumer's social-economic life.

5.3 Conclusions of the Study

In general the prevalence of khat chewing is significantly increasing among the youths in Eastleigh. There was a significant association between the independent variables and outcome variable. Majority of the youths sampled are influenced to chew khat my friends and relatives. By comprehending factors associated with Khat use is the first step in designing and implementing comprehensive anti-Khat use interventions that prevent multiple risk factors among youths in the country. Based on the findings, the study concluded that availability of *Khat*, peer pressure and passing time were important drivers associated with consumption of *Khat* with consequences for the wellbeing of families of *Khat* consumers.

The study concluded that khat consumption is dominated by male. The family heads being *Khat* consumers encouraged other family members to indulge into the practice through interaction. They chewed *Khat* mostly with age mates and friends. Correlation analysis showed that there was a positive relationship between level of awareness and khat consumer's social-economic life and health.

5.4 Recommendations

The study aimed to assess factors, awareness of the effects and prevalence of khat chewing among the youth in Eastleigh, Nairobi, Kenya. The study found out that a significant number of youths consume khat, which is danger to their health. Therefore, the study recommended that the government and other stakeholders should educate the public on health effects of Khat.

Availability of *Khat* encourages its consumption, thus the study recommends that, the Nairobi county government through the Ministry of Agriculture, the Field Extension Officers to engage with the individual and families to find alternative economic livelihood strategies which will cut the market supply chain for *Khat*. Imperatively, there is need for the law of demand and supply to reduce *Khat* consumption rate and abuse. Indeed, supply reduction will eventually reduce *Khat* consumption and its effects on the individuals and families. It will also help the communities to embrace other ways of earning a living, thus paving way for further socioeconomic development.

5.5 Suggested Areas for Further Research

- There is also need for a comparative study between the *Khat* consuming and non-*Khat* consuming households to determine their consumption habits and their implications on the socio-economic wellbeing of families.
- Similarly, a comparative study on the effects of *Khat* consumption and other substances such as bhang, heroine, and alcohol should be done to determine the effects of each of the substances on the wellbeing of families.
- Further studies need to be carried out to determine the social, economic and environmental factors associated with *Khat* chewing in other counties in Kenya.

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