



COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

Perceived Effects of Chewing khat On the Well- being of Households in Seka
Chokorsa District, Jimma Zone, Ethiopia

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Abstract

Background: *The chewing habit of khat has increased over time to time. Habitual use of khat has certain perceived effects on the social, economic, and health wellbeing of the chewer households. This study investigates the perceived effects of chewing khat on the wellbeing of households in Seka Chokorsa District, Jimma Zone, Ethiopia.*

Methods: *Both quantitative and qualitative approach were used to gather data. A cross-sectional study design was employed. Snowball sampling technique was used to select 133 participants using the Cochran formula. Closed and open-ended questionnaires were used to collect survey data. Key informant interviews were carried out to collect qualitative data to supplement the survey part of the study. Descriptive statistics like percentage, standard deviation, mean, and inferential statistics such as chi-square were carried out to analyze the quantitative data using SPSS version 26.0. On the other hand, thematic analysis was used to analyze the qualitative data.*

Results: *The result of this study stated that khat chewing commonly among male gender, productive age group, muslim religious, married, low earned and farmers. According to this study, 79.2 percent of khat chewers were regular, and spend an average of 6.52 hours each day chewing khat. Male family heads dominated the activity, and being a khat chewers encouraged other members of the family to join in. According to the study, the habit of chewing khat causes a variety of problems in homes, including social, economic, and health issues. Chewers and their families are vulnerable to a variety of socioeconomic and health problems as a result of spending too much time and money on procuring khat. Inability to meet basic needs such as food, clothing, shelter, educational and health fees for their households, lack of adequate relationships with household members, lack of participation in vital life events, all of which cause family conflicts, resulting in excessive malnutrition, children living on the street, and divorce with their wives in the long run. Reduced appetite, sleeping difficulties, gastrointestinal issues, tooth discoloration, depression, and anxiety were all reported health impacts. Individuals began khat chewing practice as a result of their family's chewing habit.*

Conclusion: *Traditional and cultural values such as marriage proposals, wedding celebrations, funeral rites, social gatherings, and reconciliation procedures among the perceived benefits of chewing khat in the study area. However, the khat chewing habit was linked to the perceived negative social, economic, and health situation of the chewers' households wellbeing. The community, especially household heads, needs to be aware of the perceived negative social, economic, and health effects of khat chewing through designing educational and health strategies to bring behavioral change.*

Keywords. *Wellbeing, Khat Chewing, Household, Effect, Social, Economic, Health, Initiation, perceive*

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LIST OF ACRONYMS AND ABBREVIATIONS

ACMD	Advisory Council on the Misuse of Drugs
AIDS	Acquired Immunodeficiency Syndrome
AMI	Acute Myocardial Infarction
CSA	Central Statistical Agency
CSAEDHS	Central Statistical Agency, Ethiopia Demographic Health Survey
FGD	Focus Group Discussion
HH	House Hold
KSH	Kenyan Shiling
HIV	Human Immunodeficiency Virus
SNNP	South Nation Nationality of People
UNDCP	United Nations Drugs Control Program
USA	United States of America
USD	United States dollar
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

Khat (*Catha Edulis* Forsk) is an evergreen blooming stimulant tree or shrub initially identified by botanist Forskal and cultivated from Eastern to Southern Africa to the Arabian Peninsula (Dupont et al., 2005). It contains a psychoactive substance called cathinone and cathine, which operate similarly to amphetamine in terms of cerebral activation (Odenwald et al., 2007). To achieve a feeling of exhilaration and stimulation, both immature buds and tender leaves are chewed. Cathinone is a substance found in fresh leaves that are classified as a Schedule I drug in the United States, alongside heroin and cocaine (Kandari et al., 2014).

Khat is originated in Ethiopia and has now spread to Kenya, Somalia, Djibouti, Uganda, Tanzania, Zimbabwe, Zambia, South Africa, and Yemen. The plant is called khat in Amharic, gat, qat in Arabic, miraa in Swahili, and miraa in Kenya, among other names (Sawair et al., 2007). The spread of khat practice to cities in Europe and America, as well as many European and African countries, was aided by the global distribution network and the rise of air transportation (Dupont et al., 2005).

Chewing khat is becoming increasingly popular around the world. Every day, about ten million individuals chew khat around the world Zeleke et al., (2013). Although according to Leon et al., (2017) most European countries have banned the chewing of khat, it is still widely used in several diaspora communities, particularly among Ethiopian, Somali, Kenyan, and Yemeni immigrants in the United Kingdom, where khat is considered an illegal drug but is consumed by many in the Ethiopian, Somali, Kenyan, and Yemeni communities. Khat is available for free in several nations, including Ethiopia.

According to the literature, several causes contribute to the rising chewing of khat in Ethiopia's various areas. Among them include community normalization, social mobility to the most khat-chewing community, social gathering, affordability, type of work, and year-round availability of khat leaf (Haile and Lakew, 2015).

Khat has traditionally acquired cultural significance due to its association with traditional rites and customs such as marriage proposals, wedding celebrations, reconciliation processes, and social gatherings, with group consumption predating the communal drinking of coffee in social contexts (Omar et al., 2019). In Kenya, khat consumption has been embraced by many people in many areas especially where it was grown and viewed as a cash crop for economic gains, as well as fulfilling some definite social and cultural wellness (Ruth, 2016).

Furthermore, proponents of khat use claim that it increases energy, alertness, and confidence, as well as a sense of happiness, greater thinking capacity and creativity, marital arrangements, social coalition, communication ability, and the ability to associate ideas (Etana, 2018). Even though khat chewing is addictive and has negative physiological, economic, and social consequences, it also offers economic, social, and therapeutic benefits (Mihretu et al., 2019).

Although khat chewing has certain positive advantages, as indicated above and elsewhere, the negative effects on the chewer and his family are numerous. For example, (Gudata, 2019) found that khat consumption affects the chewer's economy, which in turn affects his or her family's well-being by increasing financial load and altering time management. Consumers spend an average of 112.5 hours per month on khat-related activities, and households spend an average of 1,800 ETB (30 %) of their income on khat ceremonies. Other studies have revealed social issues such as conflict with their families, particularly with their wives, as a result of their inability to communicate.

The findings of a study titled "Khat chewing practice and its perceived health effects among communities of Dera Woreda, Amhara region" revealed that 92.8 percent of the respondents believed khat chewing practice was harmful to their health, with the following perceived health effects being reported: sleeping disorder, hallucination, tooth staining, anxiety, loss of appetite, and depression. The principal effects of khat, as a plant containing amphetamine-like chemicals, are on the circulatory, gastrointestinal, and nervous systems.

The study reveals Etana, (2018) that khat use may result in a variety of effects due to the different compounds in it, with effects on the gastrointestinal system and nervous system being the principal ones. Therefore, this implies that the effects of khat are seen on the wellbeing of households in their health.

According to Mihretu et al., (2019) well-being is a state of complete physical, emotional, psychological, social, and spiritual wellness. According to Diener and Ryan, (2015), wellbeing encompasses a wide range of activities that are beneficial to a person, particularly in a social context, such as feeling happy and hopeful, living according to acceptable values, having a supportive environment, coping with challenges through the use of appropriate life skills, and having safety, defense, and access to quality services such as health care. Other research findings have placed a different emphasis on what it means to be happy and satisfied in life. (Thomas and Williams, 2014).

The study conducted by (Zelege et al., 2013) that stated that multiple responses were obtained as reasons that prompted khat chewers for the first time to start khat chewing practice. A majority of 55 (51.9%) of the current khat chewers responded that peer pressure initiated them for the first time to start khat chewing practice, And the reasons for khat chewing reported by khat chewers in this study were as follows: 48 (45.5%) to stay alert, 38 (35.8%) to pray, 29 (27.4%) to enjoy, 16 (15.1%) to concentrate, and other reasons such as passing the time, not being separated from friends, reducing physical fatigue, and gaining energy.

The state of being comfortable, healthy, or cheerful is referred to as well-being. Well-being refers to a person's overall health in all of its aspects: social, economic, and physical. In this study, wellbeing refers to social, economic, and health factors such as a person's ability to feed their family and educate their children, access to health care, income, marital stability, excellent family relationships, child upbringing, productivity, and health.

Household well-being is a major concern in many countries throughout the world. Families provide solid foundations for functional governments (McGillivray and Clarke, 2006). Families are highly valued in African societies because they define continuity and strengthen the social entity's existence entity (Warfa et al., 2007). Many countries in Europe, Asia, and Africa now place a strong priority on the well-being of their citizens.

In Ethiopia, the usage of other substances in addition to khat has harmed households' social, economic, and health conditions (Megerssa et al., 2014). These substances could include alcohol, cigarettes, hashish, caffeine, and other narcotics, according to Wondemagegn et al., (2017). They

claim that multiple substance usage has effects on the users' health and lives, as well as the lives of their households.

Due to the lack of adequate data on patterns of perceived social, economic, and health effects of chewing khat on the wellbeing of households in the country, that could assist in formulating evidence-based policy and programs found on khat chewing. Therefore, this study investigate the perceived effects caused by chewing khat on household wellbeing in SekaChokorsa District, Jimma Zone, South West Ethiopia for 4 selected kebeles.

1.2. Statement of the problem

Khat chewing is linked with various social, economic, and health problems. According to the World Health Organization, khat is a drug of abuse that can cause mild to moderate social, economic, and health difficulties.

Approximately 10 (ten) million people chew khat every day (Zelege et al,2013). Ethiopia is one of numerous African and Middle Eastern countries where khat is widely consumed. It was grown and chewed in Ethiopia's eastern region. It is now grown and chewed in all locations and by all religions and ethnic groupings. The prevalence of khat chewing varies from 1.1 percent to 53.2 percent throughout Ethiopian regions, with an overall frequency of 15.3 percent (Haile and Lakew, 2015).

According to the 2011 Ethiopian Demographic and Health Survey (EDHS), 27.3 % of males and 11.0 % of women aged 15–49 years used khat (CSA/EDHS,2011). In Ethiopia, the number of people who use khat is steadily increasing.

According to Akalu et al.,(2020) Ethiopia's khat chewing rate had reached an all-time high, with some regional variances. According to their findings, khat chewing was more common among illiterate, older persons, alcohol, and cigarette users, Muslims, and professional employees, among other characteristics. According to, Damena et al., (2011)the prevalence of khat chewing in Jimma city was 37.8%.And his data show that khat users are more likely to experience emotional suffering. Another study conducted in Butajira, Ethiopia, found that 50 percent of adults chew khat. According to Megerssa et al., (2014), 84 % of chewers, 97 % of vendors, 68.8% of producers, and 49.2% of consumers who chewed khat regularly in the research area spent more time on chewing khat.

According to a study indicated by Fojo and Tesfa, (2020) respondents have faced social and economic problems as a result of khat chewing. In terms of economic issues, khat chewers were subjected to absenteeism from work, debt buildup, and inability to save money, all of which eventually led to dependency. Furthermore, addicts of khat had social problems such as conflict with their families, particularly with their wives, due to their inability to provide adequate income for basic needs, education, and child upbringing expenses, as well as conflict with their bosses due to non-punctuality and absenteeism related to khat chewing. Another study conducted in Sebeta town, khat chewing harms the chewer's economy since the chewer must spend money on khat rather on nutrition food, home care, or health and education services (Bekele Etana, 2018).

According to Wondemagegn et al., (2017), khat chewing practice had a significant association with marital status. They report that the odds of khat chewing practices were about seven times higher among those respondents having divorced/widowed marital status compared to those unmarried respondents. This is due to inadequate relationships within the family and a lack of participation in vital life.

The current prevalence of khat chewing activities was 48.6%, according the study conducted in Nekemte by Wondemagegn et al., (2017). Khat chewing habits were linked to perceived health concerns, particularly depression and anxiety, when compared to non-chewers, khat chewers had a 25-fold higher incidence of depression. The perceived health effects of khat chewing behaviors, according to Zeleke et al., (2013), include sleeping disorders, hallucination, teeth staining, anxiety, loss of appetite, sadness, constipation, and psychosis. A study revealed by Ali, (2018), the major negative impacts of khat are 83% sleeping disorder, 50% reduced appetite, 29% depression, and 24% anxiety.

In Ethiopia, substance like cigarrate, alcohol, sugar, traditional brew soft drink use after and during khat chewing has also adversely affected the socio-economic and health status of consumers (Berhanu et al., 2012).

Khat research has been ongoing in Ethiopia over the past four decades. While more detailed data has been acquired and study into the social effects of khat has improved, there is still a scarcity of information on the subject (Abbamegal, 2013). Individuals, families, communities, and governments are all concerned about khat chewing among household members.

The World Health Organization defined wellbeing as a wide notion influenced by a person's physical health, psychological condition, personal views, social interactions, and relationship to significant characteristics of their environment in a complicated way. Families' well-being is influenced by a variety of factors due to its multi-faceted character. As a result, family heads chewing khat has far-reaching social, economic, and health implications for the family members (Ruth, 2016).

Household well-being is a growing concern, particularly with substance misuse and drugs. Indeed, as numerous bodies such as the World Health Organization, governments, and non-governmental groups have noted, this is a global concern.

In this context, little research conducted on the perceived effects of chewing khat on the well-being of Ethiopian households. There is also a dearth in the study region because no studies on the perceived effects of chewing khat on household wellbeing have ever been conducted in the Seka Chokorsa district. As a result, this study covers knowledge and area gaps by looking into the perceived effects of chewing khat on household wellbeing, intending to lower the risks of chewing khat in households.

1.3. Objectives

1.3.1. General objective

✚ The general objective of this study is to investigate the perceived effects of chewing khat on the wellbeing of households in Seka Chokorsa District, Jimma Zone.

1.3.2 Specific objects

- To examine the social effects of chewing khat on households
- To examine the economic effects of khat chewing on chewers' households
- To examine the health effects of chewing khat on users
- To examine factors that initiate khat chewing

1.4 The significance of the research

The purpose of the study is to investigate the perceived effects of khat chewing among households in Jimma Zone, SekaChokorsa district, and in a few selected kebele households. More particular, it anticipates that this study will:

1. Provides additional proof of the current khat-related disorders. The benefits and drawbacks of khat chewing on family well-being may influence readers who chew khat to change their habits.
2. To give extensive information on the influence of khat use on the well-being of households in the study area by chewing khat. This data will aid strategists, policymakers, and practitioners in devising intervention approaches to alleviate the problem and increase the well-being of the study's households.
3. This gives any stakeholder who wishes to do more large-scale research in the District a starting point.
4. The results of this study reveal that khat intake has a variety of effects on household well-being. In addition, it adds to the current research on khat-related topics, including its use and effect on household welfare.
5. Finally, this research will have aided the government, researchers, universities, and non-governmental organizations in exploring and understanding the effects of khat chewing on household wellbeing.

1.5 Scope of the study

The scope of this study was delimited to the perceived effects of chewing khat on household well-being. Methodologically, theoretically, and geographically, the study is comprehensive. The study used a mixed-methodologies approach, which includes both qualitative and quantitative methods. The researcher was approach questions linked to the perceived effect of chewing khat on household wellbeing from various theoretical viewpoints. Using the snowball sample technique, the study was geographically delimited to one district in four selected kebeles.

1.6. Limitation of the study

The findings of this study are not applicable to the district's other khat-chewing kebeles. Because there wasenough readily available and accessible material and not enough time to conduct the inquiry, it was limited to the four kebeles chosen. The study only looked at the well-being of khat-using households and did not include non-khat-using households.

1.7. Definition of Key Words

Wellbeing-"Wellbeing" refers to a feeling of being at ease, healthy, or happy. In all of its dimensions: social, economic, and physical, well-being is a condition of complete health. In this study, wellbeing is defined as the ability to feed and educate their families, as well as access to health care, money, and child upbringing, as well as healthy family connections, appropriate sleep, and mental wellness.

Family -.A family is a group of people who are related by blood, marriage, or adoption and live in the same house or compound.

Household—A group of people* who live in the same walled or unfenced complex, report to the same leader, and share a comparable source of food four times in the seven days leading up to the study, as well as income during the research period, including servants and relatives.

Khat chewing-Khat chewing is the act of chewing green twigs from a khat tree.

Perceive- Consider what you have become aware of or cognizant of.

Initiate - Trigger for anything to start (a process or activity).

Effects-This refers to the benefits and drawbacks of chewing khat.

Social- Relating to society or its organization, relating to rank and status in society.

Economic - Justifying in terms of profitability, sparing in the use of resources or money.

CHAPTER TWO

LITERATURE REVIEW

2.1. General overview of khat

Khat is a plant that is produced in the countries surrounding the Red Sea and along Africa's eastern coast. Khat grows along the East Coast of Africa and in nations surrounding the Red Sea. Khat, or *Catha edulis* as it is formally known, is a frequently grown and consumed plant in Yemen, Ethiopia, and Kenya (Kassim et al., 2010). Improved highways, off-road vehicles, and air transportation have all helped to expand the global distribution of this perishable commodity in recent years. Because of the earnings made from khat sales, the demand from khat chewers supports khat growth. In many European and African nations, khat chewing is a common activity. The study by Dessie & Kinlund, (2016), revealed that 4.1% of the global population use drugs, among which khat was included, a situation which was worrying for world nations. Globally, about 10 million people chew khat (Zelege et al., 2013).

Ethiopia is the world's largest producer of khat with perhaps a third exported to Djibouti and Somaliland and the bulk consumed within the country (Leon et al., 2017). The proportion of people chewing khat in Ethiopia has significantly risen over the years. It was believed that khat use originated in Ethiopia, and previously, it was grown and chewed in the eastern part of the country. Nowadays, it is cultivated and chewed in all regions among religious and ethnic groups. The percentage of khat chewing practice among regions of Ethiopia ranges from 1.1% to 53.2% with an overall prevalence of 15.3% (Haile and Lakew, 2015).

Khat (*Catha edulis*Forsk), a mild stimulant consumed by chewing, is a psychoactive shrub or plant chewed for its stimulating effects. It is a species belonging to the kingdom family of Celastraceae (Odenwald et al., 2007). Although the home birth of the khat tree is contested, many believe that it originated from Ethiopia. People in East Africa and the Arabian Peninsula chewed the leaves of the *Catha edulis* for their stimulant effects. Reports from experts of khat use in the hinterlands of the Horn of Africa argue that the consumption of khat goes back at least eight centuries. The leaves, for example, were chewed by people living in the medieval Islamic sultanates of what is now known as Ethiopia as early as the 14th century (Dhaifalah and Šantavý, 2004).

The culture of khat consumption in communities in the Horn of Africa and the Arabian Peninsula combines with main purposes: religious and cultural in Ethiopia, for example, chewing khat is linked with agricultural labor and is also historically easily associated with religious contemplation and meditation (Gebissa, 2010). In the past, the use of khat was observed frequently among Ethiopian Muslims who consumed it for prayer and during the fasting period of the holy month of Ramadan. In other instances, there are groups of khat users who have been using khat not only for religious and cultural purposes but for various reasons. Some of these groups aspire more to the psychological benefits of the group interaction that occurs during the khat sessions, which is affirmed as one reason for their intake (Thomas and Williams, 2014). Because khat is reported to be an amphetamine-like substance, when used excessively, it increases the risk of mental illness. Moreover, studies argue that the habit of khat consumption appears to have more of a social function similar to alcohol (Warfa et al., 2007)

As a result, khat use was regarded as unacceptable behavior in countries situated outside the traditional environment of khat, mostly in Western nations (Skaug, 2005). Besides, after the introduction of khat, many western countries have responded to its debut with the same kind of reaction that they have shown to other psychotropic plants in the past centuries when the use of these substances was reported inside their countries. This is because many drugs of abuse in the West and throughout the world, such as heroin and cocaine, the most abused drugs, were once plant products like khat used for religious, medicinal, and ritualistic aims. In the hands of some irresponsible individuals and groups of people, these substances turned out not to be subject to cultural proscriptions but became objects of abuse (Gebissa, 2010).

Some authors write about the benefits of khat chewing. Khat use has beneficial mental health effects when used in moderation and a traditional khat setting. The respondents agreed that they consumed khat with their family members, business associates, and friends, which enhanced interaction among them (Gebissa, 2010).

A study was done by Kassim et al., (2015) did a study among Yemeni UK permanent residents and reported that there was no relationship between khat use and loss of productivity or absenteeism from work. Furthermore, a study was done by Skaug, (2005) among Yemeni, Somali, and Ethiopian consumers indicated that they used their free time to chew khat, which included

weekends. Aden et al., (2006) found a general lack of robust evidence relating to social harms associated with the chewing of khat.

2.2. Social effects of khat chewing

Khat chewing is a common habit in East Africa, particularly in Southern Saudi Arabia, Yemen, and Ethiopia. This habit involves picking tender leaves of khat, putting them in one side of the mouth, chewing for a while, and storing the chewed leaves in the same side of the mouth to get a psychedelic stimulation effect in the form of euphoria and excitement resulting from the cathinone contents (Douglas & Sutton, 2010). In the traditional social setting, the chewers meet in a house sometime after mid-day, usually bringing their supplies. The chewers lean on three or four specially made large cushions. Each side of the room accommodates six to ten people, and occasionally up to twenty. They set up one or two communal tobacco pipes or 'Shisha'. During these khat sessions, drinks such as coca-cola, weak black tea, milk, or just cold water are available. The study revealed by Fojo and Tesfa, (2020) that social harm was a concern. The participants said that the khat chewers' conflicts between themselves and their families were because khat use costs interfered with their families' basic needs expenses. Some of them also mentioned that they conflicted with their bosses because they were not punctual and absent from work due to khat chewing. A study found by Wondemagegn et al., (2017) that khat chewing practices were significantly associated with marital status. In addition, about 30% of current khat chewers had no adequate relationship with their family and about 26% had no participation in vital life events with neighbors.

This may be attributed to chewing khat causing irritability as well as the fact that chewers spend much of their time away from their houses, thus disturbing the harmony of the family. Moreover, chewing practices may cause impairment in sexual intercourse, which further leads to family instability. Because of the majority of community members, chewers are less accepted, and those people try to force the chewers to cease chewing. This social exclusion contributes to family disruption. In family life, the expense of buying khat becomes the cause of conflict between the spouses when the husband spends more money on khat chewing. The chewers also have no adequate time and care for their families. He/she forgets his/her family.

For excessive users, the harms associated with khat are greater, particularly relating to mental health. Social harms also seem to be largely related to excessive khat use rather than khat use itself (Etana, 2018). Studies should consider the likelihood that certain users are more vulnerable to

developing patterns of excessive khat use due to an interwoven set of factors such as social wellbeing determinants and pre and post-migration experiences (Alem et al., 2016).

They begin to masticate the leaves thoroughly one at a time while they engage in discussions and social interactions. During these sessions, the leaves and the bark of the plant are chewed slowly over several hours and the juice of the masticated leaves but not the residue is swallowed (Etana, 2018). After the khat leaves are chewed, the guests stay on for most of the afternoon, engaged in animated discussions, often on matters of general interest, such as community affairs. Khat can be seen as a means of promoting social interaction. Besides these traditional forms of consumption, khat is nowadays also chewed by individuals idling on streets in Ethiopia, Europe, and elsewhere, where it is sometimes accompanied by the consumption of alcoholic beverages and other drugs at gatherings without restraint.

In Ethiopia, particularly in the study area, khat chewing is commonly used in social gatherings just as alcohol intake is used in the west. Social gatherings for khat chewing typically start in the afternoons, but few khat users blame khat for low productivity, inefficiency, and absenteeism at work. khat is seen by many chewers as contributing to an increase in social cohesion amongst khat using communities by way of helping to maintain identity and cultural closeness, and act as a means to reinforce self-esteem and a forum for information and news exchange and support (Aden et al., 2006).The intensity of the bonds between khat users could alienate those who did not participate in sessions. The use of khat by women, largely considered to be on the increase(Hoffman, 2013), also seems to be an issue that some belief is unhelpful both to social cohesion and community reputation. Drug abuse has emerged as one of the main causes of antisocial behavior, particularly among the youth. Despite the growing public concern about the increasing consumption of khat and other drugs in Kenya, few systematic studies have been conducted on the socio-economic effects of khat chewing, particularly at the grass-roots level.

Some of the reasons cited for initiation into drug abuse include peer pressure, inappropriate use of finances, unstable family backgrounds, and ignorance (Alem et al., 2016).

There has been much speculation on the negative impacts of khat consumption on family and social life (Alem et al., 2016, Warfa et al., 2007,Gebissa, 2010).The ACMD suggests, however, that whilst there is some evidence that Khat can harm family relationships, it is just as likely that Khat may be a "convenient scapegoat" for family disruption (ACMD, 2005). This strong

conclusion emerging from the most senior UK advisory body on misuse of drugs needs to be understood in context.

The ACMD documented numerous accounts of family disruption associated with khat use but concluded that family disruption, although associated with khat use, was rarely found to be caused by khat use. The emphasis here is that whilst the ACMD report was very sympathetic to the lived experience of families and the potential harm associated with khat, they found little evidence of khat being directly responsible for the harm. The report noted that it was most likely reports of family disruption were related to several factors, of which khat maybe just one.

In an attempt to both account for the severity of domestic violence and to illustrate the multifactorial nature of the source of this conflict Anderson et al., (2007), they describe a typical scenario of khat-related domestic conflict: Fights often ensue over the sharing of tasks or getting families to keep quiet. Such disagreements may come to revolve around the notion of authority and command within the home and the distribution of responsibilities and privileges. "(Anderson et al. 2007).

2.2.1. Impact of khat chewing on consumer's socialhealth

Khat chewing is an ancient practice that was socially and traditionally acceptable in many parts of Africa and Arabia, though its long-term use can lead to addiction (Kalix, 1984). Khat use was strongly related to physical and mental ill-health, and family socio-economic wellbeing was unrelated to khat use. The study also revealed that they chewed slowly over several hours (average 4-6) as they engaged in long discussions. This put strain on the families' socio-economic wellbeing through the use of family earnings to buy khat for consumption, use the working time to chew khat, and use of other substances and alcohol. The findings make her study relevant because the respondents were consumers of khat in a district where hats were predominantly grown and consumed (Ruth, 2016).

2.2.2. Loss of relationships

Evidence relating to links between khat and loss of relationships has been generated largely by participants, the vast majority of reports pertain to loss of relationships with a partner or children, rather than with friends. Indeed, many cite the use of khat as enhancing relationships with friends and peers. While most reports relating to the loss of relationships are by women expressing frustration with absent fathers or partners, occasional reports were found expressing similar

frustrations towards women who chewed khat (Dhaifalah and Šantavý, 2004). Due to the familial nature of this harm, it is considered more fully below under the section on family adversities.

2.3. Economic effects of chewing khat

The results of the study revealed by Gudata, (2019) indicate that khat consumption habits affect the economy of the consumer household by negatively influencing their income usage and time management. Consumer households have significant, additional burdens on their income and time. The average monthly expenditure of a household on khat ceremonies is 1,800 ETB (30% of their income) and consumers spend an average of 112.5 hours monthly on khat-related activities only. The habit of khat consumption is also negatively associated with the work culture of consumers, as they leave for lunch break early and come back to work late. The consumption habit does have a linkage to the bad economic situation of consumer households. It places significant financial and time-burdens on individuals, and, as a result, society. The work and saving culture of khat consumers were negatively affected. khat consumption forces many into a cycle of borrowing and indebtedness.

The study conducted by Etana, (2018) affects the economy of the chewers because it leads to loss of working hours or absenteeism from work as well as the utilization of money to buy rather than spending money on purchasing nutritious foods and caring for household members. The present study found the mean time spent on a single khat chewing ceremony was above three hours, and the khat chewers spent different amounts of money on khat as well as other items associated with its consumption, such as cigarettes, soft drinks, sugar, 'Shisha', and others. According to the data, more than half (51.6%) of the chewers reported spending up to 118.2 ETB per one ceremony on khat. On the other hand, above three-fourths of 76.2% of the chewers mentioned that they spent up to 87.60 ETB on other substances taken with or after khat chewing.

khat production is a profitable activity that may benefit a large number of people, but it is also highly dependent on market conditions. On the one hand, it improves the livelihood of the farmers, while on the other hand, it exposes the farmers to the risks imposed by the market and economic forces operating at various scales and levels (Aden et al., 2006). Moreover, as a profitable activity, it can encourage farmers to alter their farming systems. Expansion along the forest frontier leads to land-use competition between khat farming and forestry; the outcome is partly determined by the farmers' evaluation of the relative advantage of the two land uses. Therefore, an analysis of

khat production can help to understand the composite social, economic, and market-related causes of forest decline in progress. In the study area at different scales, this provides an opportunity to analyze forest decline as a process that depends both on the consequences of actual khat production and on the factors that promote khat production. Apparent differences in khat consumption between men and women may be explained by cultural restrictions on khat chewing and economic dependency among women (Dessie and Kinlund, 2016).

In most of the homesteads surveyed, the family income was earned by men who therefore controlled the domestic budgets, although unemployment was widespread. The majority of khat chewers spend more than half of their domestic budget on their daily habits, at the expense of vital needs such as education and medical care.(Nordgren, 2013).

This does not necessarily reflect the true cost of khat, as it is clear that many individuals are not receiving the health assistance they require with reducing khat-associated harms. However, as a causal link between the health needs of khat-using communities and the use of khat is not established, it is difficult to assess the true economic costs of khat. Several local authorities are establishing modified support services for khat users or seeking to encourage khat support within existing drug services, although some services have since been shut down due to underuse or lack of funding. Since almost the entire amount of birr is raised annually from the taxation of khat, there is an argument that this should be invested in health provision to offset the cost of addressing the needs of khat users (Wuletaw, 2018).

2.3.1. The financial cost incurred or khatchewing

The per capita consumption of male khat chewers was one bundle (0.50Kg) with a cost of 1.50 USD per day, while the per capita consumption of women was half a bundle (0.25 Kg), which cost them 0.75 USD. Similarly, the annual total consumption of khat was 180 kg for males and 52 kg for females, resulting in an annual average cost of 270 USD and 78 USD for males and females, respectively(Mossie, 2002) .This indicated that this much money would have been used for other beneficial purposes. This result was by far greater than the national annual consumption of khat, which is 5.3 kg per capita (Gebissa, 2010). Hence chewers spend money for buying khat without considering cost-benefit analysis.

2.4. The Health effects of khat chewing

2.4.1. Cardiovascular system

Cardiovascular effects of khat chewing in humans include elevated blood pressure and heart rate (Hassan & Gunaid, 2001). In anesthetized dogs to which cathinone was administered, increased blood pressure, heart rate, and cardiac contractile force, and positive inotropic and chronotropic actions in isolated atria have been reported. In its analysis of khat, the WHO argues that chronic khat-chewing can cause hypertension in young adults, with a spontaneous regression once consumption ceases.

2.4.2. Oral and dental impact

Dental cavities are rare among users of khat in Yemen, but this may be attributable to the low consumption of sweets, fluoride water, and the use of a primitive toothbrush to clean the teeth. Stomatitis is common as people begin to use khat and persists with chronic use, producing local irritation and secondary infection. In both instances, smoking tobacco may contribute to stomatitis. Furthermore, in rural areas, stomatitis may be the result of vitamin deficiency (Skaug, 2005). The study compared the prevalence of 14 selected periodontal bacteria associated with periodontal diseases or periodontal health in khat chewers and non-chewers sub- and supragingival signs. Because most khat chewers chewed on the same side of their mouth, a comparison of the microbiota in the different sides of the mouth, similar to the split-mouth technique, could be performed. Al-Hebshi and Skaug, (2005) found that 68% of the khat chewers used their left side to chew and a recent study chewing induced a microbial profile not incompatible with gingival health. Others have reported oral side effects such as periodontal disease, dental caries, temporomandibular joint dysfunction, and buccal mucosal keratosis. Oral cancers have been observed in some population groups with chronic use.

2.4.3. Adverse health impact

The research revealed by (Zelege et al., 2013) stated majority, 577 (92.8%) of respondents perceived that khat chewing practice could lead to health effects. The sleeping disorder was the most frequently perceived health effect followed by hallucination and tooth staining.

Chronic khat use is associated with adverse health effects such as hypertension, heart rhythm disorders, insomnia, liver toxicity, oral cancer, hypertension, hemorrhoids, loss of appetite, and gastrointestinal effects. Psychiatric manifestations associated with khat intoxication include

psychiatric manifestations such as deterioration of psychophysical function and psychoses. Some other khat chewers also experience anxiety, tension, restlessness, hypnogogic hallucinations, hypomania, and aggressive behavior or psychosis. khat chewing causes adverse impacts on health, reduced production in the economy, loss of working hours, malnutrition, and diversion of income for the purchase of khat, resulting in absenteeism and unemployment (Aden et al., 2006).

2.5. Factors initiated to chewing khat

The study conducted by Yerra Rajeshwar et al., (2016) most of the khat chewers were initiated by peer pressure (34.4%), followed by academic purpose (24.1%) and the ceremony of khat (15.2%). The majority of the study participants have continued khat chewing practice since then for pleasure and recreation (24.6%) and alertness (24.3%) reasons, while some have been influenced by their colleagues (18.4%) and used to increase their concentration on studies (17.6%).

The study conducted by (Zelege et al., (2013) that stated that multiple responses were obtained as reasons that prompted khat chewers for the first time to start khat chewing practice. A majority of 55 (51.9%) of the current khat chewers responded that peer pressure initiated them for the first time to start khat chewing practice, And the reasons for khat chewing reported by khat chewers in this study were as follows: 48 (45.5%) to stay alert, 38 (35.8%) to pray, 29 (27.4%) to enjoy, 16 (15.1%) to concentrate, and other reasons such as passing the time, not being separated from friends, reducing physical fatigue, and gaining energy.

2.6. Theoretical frameworks

Theories to explain substance misuse have been proposed in a variety of fields, ranging from genetics and neuroscience to Freudian psychoanalysis and Marxism. However, structural-functionalism, conflict and social learning theories provide a more comprehensive explanation based on the immediate environment of the family, household economy, and social influences, especially during the vulnerable period of adults, when risk-taking and sensation-seeking may be important impulses. Understanding the conditions under which drug use is more likely to occur, the role of official and informal social constraints, and the most helpful framework for the study were all aided by cultural and socioeconomic considerations. Based on the concept that the family

social, health and economy should be functional and stable, this study used structural functionalism, conflict theories and social learning theories (Shankar, 2012).

2.6.1. Structural Functionalism in khat chewing

Household consensus characterizes this stable structure, in which the majority of members share a set of values, beliefs, and behavioral expectations. A household, according to this viewpoint, is made up of interconnected pieces, each of which serves a purpose and contributes to society's general stability and solidarity. Individuals are less essential than socioeconomic structure and societal order, according to structural functionalism (Mcgillivray & Clarke, 2006).

The core notion of functional analysis is that society is a cohesive whole, with each home considered as a living entity that must coexist (Clark, 1967). A society is pathological when all of its components fail to perform their functions. Talcott Parsons (1940-1970) coined the term "societal functions" to describe the positive outcomes of people's actions that serve to maintain the equilibrium of a group (society, family, or social system), whereas dysfunctions are outcomes that disrupt the system's equilibrium. The family and the household as a whole perform six important functions: economic production, child socialization, sick and elderly care, recreation, sexual regulation, and reproduction, all of which, if disrupted, will lead to the unit's collapse (Ritzer, 2014). Family life has a variety of weakening challenges to the bonds that bind it together, such as financial issues, the abdication of role-playing, and obligations, which diminishes the family's motivation to fight hardship together. Merton coined the term "latent function" to describe the negative consequences of behavior change for households (Ritzer, 2014).

2.6.2 Conflict Theories in Khat Chewing

Khat consumption affects not only the consumer's body but also the consumer's family, shattering family ties when the head of the household consumes it alone, even though khat bankrupts the household economy (Jamal, 2008). Khat is a significant thing that has an impact on household budgets, not just a strange item. It is primarily a male habit, with male household heads constituting the largest users and important determinants of household expenditures in Djibouti and Yemen (Sykes et al., 2010). The household head's budget in Somalia had a negative socioeconomic influence on numerous household demands, including education, leading to family strife and limiting familial development (Elmi, 1983). Neglect, dissipation of household wealth, and inappropriate behavior undermine the household, leading to tensions in many circumstances,

particularly where one partner consumes. There is the likelihood of separation or divorce owing to negligence and irresponsibility towards key obligations of the family (Kalix, 1987).

2.6.3 Social learning theory

Observing conduct and the consequences of that behavior can lead to learning (remote reinforcement). Learning, according to Newman (1998), also entails observation, the extraction of information from those observations, and the making of decisions regarding the behavior's performance. As a result, according to social learning theory, forming one's identity is a learned reaction to social stimuli. The concept of social learning arose from the realization that much learning occurs as a result of observing and mimicking the actions of others (Newman, 1998).

This explains why khat chewing is so widespread in homes. The norms for behavior in each social environment are derived from what has been observed in watching others and what has happened to them as a result of their previous behavior, as well as what one understands about the immediate situation's (Newman, , 1998). This hypothesis is critical to comprehend why people chew khat and engage in other khat-related actions. Because it stresses people learning through observation, social learning theory is equally pertinent to this study.

2.7 Conceptual framework

A theoretical description of the research problem is referred to as a conceptual framework. Many factors come into play in a khat chewing environment to determine the environmental consequences modeled by khat chewing on the wellness of HH (Douglas & Sutton, 2010). Chewing khat was an independent variable, as was household well-being, while dependent variables were included. This study would try to fill in the knowledge and area gaps that are relevant to the well-being of the households as a result of khat chewing.

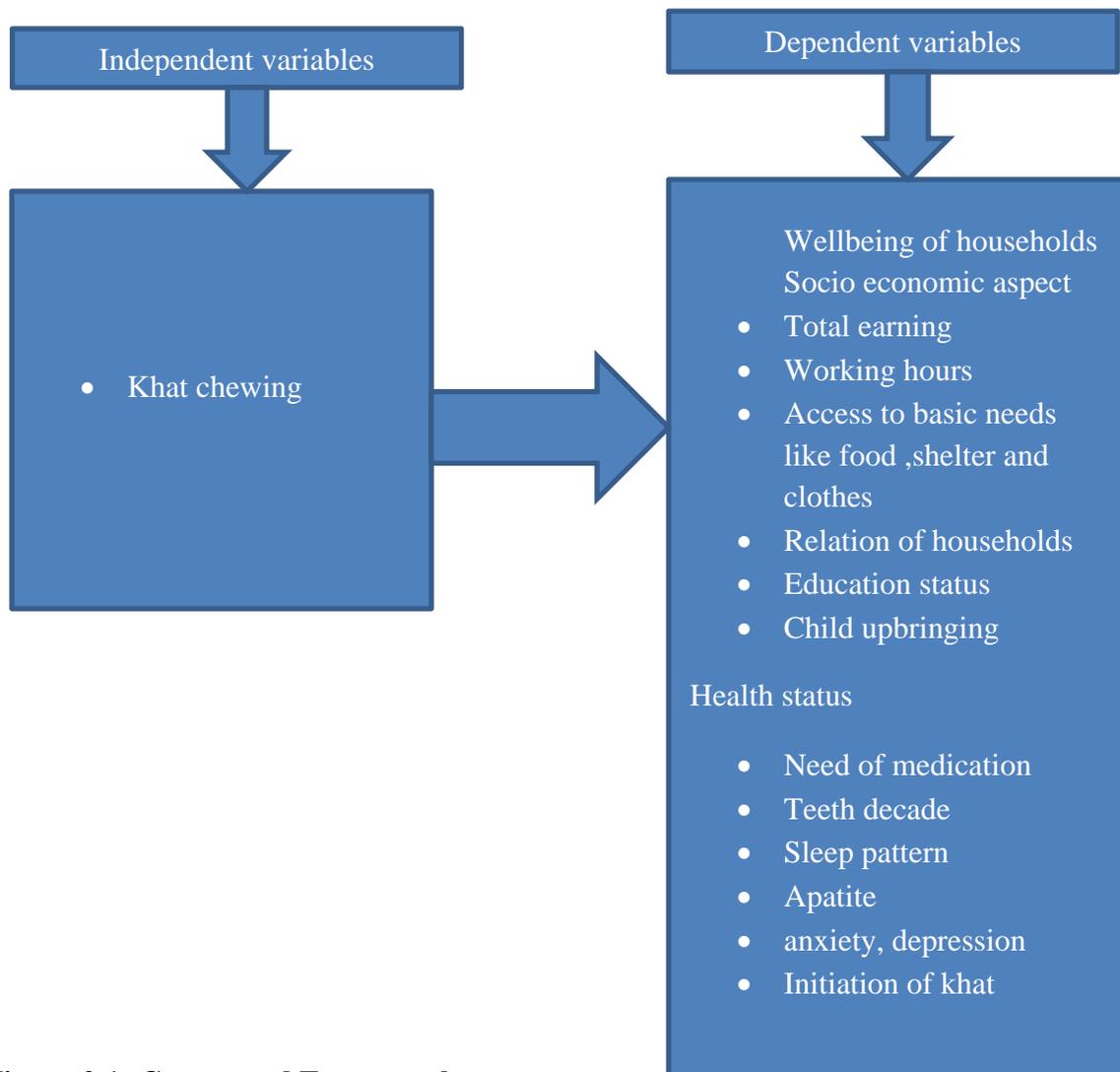


Figure 2.1: Conceptual Framework

Figure 2.1 shows how the study's variables interact with one another in a social setting where khat is heavily chewed. More specifically, it depicts the perceived consequences of chewing khat on household happiness. These reviews were arranged by the study's goal. Previous research has indicated a lack of consensus on whether khat chewing has social, economic, or health effects on household well-being. There was a need for more research into the effects of chewing khat on household wellbeing, particularly in the Jimma Zone Seqa Chokorsa district, focusing on the perceived social, economic, and health effects of chewing khat, as well as the factors that influence chewing khat.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Study area

Seka Chekorsa is one of the districts that are found in the Jimma Zone of Oromia Regional States. It is 17 km away from Jimma town. It is located at an altitude of 1,812m above sea level. The climatic condition of SekaChekorsa is 20% highland, 76% medium, and 4% lowland.

The population of the SekaChekorsa district is 295611. From this, the number of females are 149799 and males are 145,832. The residents of SekaChekorsa speak predominantly the AfanOmo language. The remaining small numbers of dwellers speak Amharic and other languages. The predominant economic activities carried out are agriculture and trade.

This district has 34 kebeles. Seka Chekorsa is well known for khat chewing. Based on my prior knowledge of the study area, many people used to chew khat as if chewing khat was a unique feature of the area. Also, the area is well known for cultivating khat. Jimma and its area is well known for khat production, which is commonly known as Buxure, Beda Buba, AniyaHawari, Finca, etc. The District is well endowed with natural resources that contribute significantly to the national economy of the country. The main crops grown other than khat include coffee, maize, teff, sorghum, pulses (beans and peas), root crops, vegetables, and fruits.

The target population in this study were household heads, either males or females, who had lived at their place of residence for at least six months and were chewers of khat, forgoing the survey in Jimma Zone SekaChokorsa district, from selected kebeles.



Figure 3.1:Map of Seka Chokorsa District

3.2. Study design

The cross-sectional study design was carried out in Seka Chokorsa district from April to May 2021 because relevant data would be collected at one point in time, to generalize about the population. This study answered who, where, when, and how these effects occurred. Both descriptive and explanatory research designs were used for the study. On the one hand, a descriptive study design was more suitable to describe the socio-demographic information of respondents and the seeming perceived effects of chewing khat on the wellbeing of households. On the other hand, explanatory research was employed to see the relationships between variables. The rationale behind using this research design was that it was intended to investigate the relationship between variables (social, economic, and health effects and the outcome variable (wellbeing of households). Therefore, this design is suitable for this study because it helps relate two or more variables if they influence each other and predict the effects of each clarification on the outcome variable Creswell, (2012). A mixed approach (both qualitative and quantitative approaches) was employed to conduct this research. A mixed research approach enables the researcher to obtain adequate information for a greater understanding of the subject under investigation and improves the validity of the research Creswell, (2012). Since each of the approaches has some inadequacies, the use of both qualitative and quantitative approaches made sure the shortcomings inherent in either of the approaches were

compensated for by the strength of the other. Consequently, the utilization of a mixed research approach permits the researcher to triangulate the qualitative and quantitative data sources and techniques to analyze the research and validate the findings.

3.4 .The study population

The study's population included household heads, males and females, aged 18 and up, who chewed khat on a regular or daily basis in the Seka Chokorsadistrict. The informants were selected due to their position as family heads of their households. Family heads act as major role models in their families and their respective communities (Bironga, 2014). And for key informant interviews, the social and worker affairs office, women's office, children's and youth office, religious people's, and health extension were the study population. Four kebeles, namely Alaga, Sakala Genefo, Komo Hari, and Gudo Daka, were selected randomly for this research by using the lottery method. Khat chewer household heads and key informant interviewers were the study population.

3.5 Target population

This research was conducted in the Seka Chekorsa District of the Jimma Zone and the dwellers of this district were the target population. Seka Chekorsa District was purposively selected from the Jimma Zone based on the researcher's personal judgment that the area was known for the cultivation of khat and characterized by the highest consumption of khat.

3.6 Data Sources

To conduct this study, data was collected from primary and secondary sources to obtain the necessary information for the study. Primary data was gathered from respondents or informants, while secondary data was gathered from a variety of documents, both published and unpublished, that were relevant to the study.

3.7Sampling technique and sampling size determination and procedure

3.7.1 Sampling technique

The researcher employed both probability and non-probability sampling designs to conduct this study. The actual study area of this particular research, SekaChekorsa, district, was purposefully selected from the Jimma Zone based on the researcher's judgment that the area was known for the

cultivation of khat and characterized by the highest consumption of khat. From 34 kebeles found in SekaChekorsa, 4 kebeles were selected through a simple random sampling technique. The lottery method was used to select Sakala, KomoHari, GudoDaka, and Alagakebeles. To collect data through a survey, household heads who regularly or daily chew khat were selected for positions and breadwinner in the households by employing the snowball technique because the sampling frame of khat-chewing households was not available. Key-informant interview participants were selected purposively based on their knowledge, experience and characteristics about the khat chewer in each kebele.

3.7.2. Sample size determination

The sample size of the study was calculated using the formula for a single population proportion by considering the following assumptions: Snowball sampling was used to select 133 chewing household heads from four randomly selected kebeles mentioned in the preceding discussion. Regarding the household heads in selected four kebeles of the study area, Alaga, KomiHari, SakalaGenefokebeles, and GuduDaka have 766, 2500, 1414, and 1180 households respectively. The total number of households in selected kebeles is 5860. To each randomly selected kebele, sample size was allotted based on the proportion of households from the total population of 5860. Accordingly, 17, 57, 32, and 27 respondents were selected by employing the snowball sampling technique from Alaga, KomiHari, GuduDaka, and SakalaGenefokebeles, respectively. The total sample size was 133.

Table 3.1: Sample size distribution

Enterprises	Total population	Proportion size	Member sampled
Alagakebele	766	0.13	17
KomiHarikebele	2500	0.42	57
SakalaGenefokebele	1414	0.24	32
GuduDakakebele	1180	0.2	27
Total	5860	1	133

$$n = \frac{no}{1+(no-1)/N}$$

$$N_o = z^{2pq}/e^2 = (1.96)^2(0.1)(0.9)/(0.5)^2 = 138 \text{ in constant formulae.} = 133$$

$$= n = \frac{138}{1+(138-1)/5860} = 133$$

This sample size formula is determining by the Cochran formula.

3.8. Method of data collection

3.8.1 Surveymethod

To generate quantitative information related to the study, a survey of semi-structured questioners was prepared to collect information about the khat chewers of the head household's status. The questionnaires were prepared first in English and later translated into the local language (Afan Oromo) so that the respondents could easily understand the questions and provide adequate data.

3.8.2Key informant interview

Key informant interviewers selected from social and worker affairs, women's, children's, and youth offices, health extension workers, and religious leaders. Consequently, a social and worker affair, a woman, children's and youth office, four health extension workers, and four religious leaders from each randomly selected kebeles were purposively selected and interviewed to collect

detailed information about the perceived effects of khat chewing on the wellbeing of households. In general, 10 key informants were selected and interviewed.

3.9 Instruments and procedure of data collection

Data collection instruments were questioners, interview guide , and mobile phones, according to their usefulness. The researcher would develop the questionnaire after reviewing previous literature. For quantitative data, a pretested and semi-structured questionnaire was used, and a unstructured key informant interview was conducted by the selected and trained data collectors. The unstructured and semi-structured questionnaires, which was prepared in English and translated into the local language, was used for data collection. As to the qualitative data, an open-ended in key informant interview questionnaires was applied to explore deep information, mainly on the perceived social, economic, and health effects of khat chewing. The findings from the qualitative data were triangulated with the quantitative findings to get strong evidence. Data collectors and supervisors were trained by the principal investigator. The training focused on the objective of the study, confidentiality of information, and the contents of the questionnaires in detail. Further training was also offered to supervisors on data quality management.

3.10 Method of data analysis

The collected questionnaire was checked for completeness and consistency. Data were collected, coded, and entered into a computer before being analyzed with SPSS software version 26. Because the data were edited to improve the quality of the data for coding and summarized by using descriptive and inferential statistical techniques. At the end, data interpretation, discussion, and recommendations were ended depending on the research findings. The descriptive method was used to explain the socio-demographic information of respondents and their response rates such as mean, standard deviation, frequency, and percentage, which were presented in tables, figures, and pie charts. Inferential statistics permit concluding data through analysis of the relationship between two or more variables. Chi-square tests were used to analyze the data. Data gathered from key informant interviews was analyzed by in-depth description thematically. Data were collected through the questionnaire technique, using semi-structured and pre-tested questionnaires for the quantitative part, and for the qualitative part, checklists were used.

3.11 Ethics of the study

All aspects of ethical issues were respected and exercised throughout the research process. After the proposal was reviewed and ethical clearance was obtained from Jimma University, department of sociology, College of Social Sciences and Humanities, Official letters were from Jimma University hierarchically to SekaChokorsa District.

Data collectors were trained on ethical issues regarding their interpersonal communication with responsible people. While conducting data collection, they should greet each respondent and ask for permission to conduct the data collection. The objective & purpose of the research were described to respondents. Each study participants are recruited only after verbal consent was obtained and his/her willingness ascertained. When refusals exist, additional clarifications are done on unclear points, and if they still refuse to participate, they are not forced and are skipped. The confidentiality and privacy of individuals were kept secure throughout the study process.

Table 3.1 Operationalization of terms

Variable	Indicator	Level and unit of measurement
Age	Length of time that one has alive	scale:years olds
Sex	Indicate male or female	Nominal: Male or female
Marital status	Actual socially recognized status	Nominal: Never married, married, divorced & widowed
Educational status	Level of education achieved	Ordinal: No formal education, Primary education, secondary, certificate, diploma.....
Net income	Actual monthly disposable money	Ordinal: Higher, medium, lower
Occupation	Actual job position held	Nominal: Lower, Merchant, Farmer, teacher, tailor, driver...
Place of residence	A place of an individual lives	Nominal: Urban, Semi-urban, or rural inhabitants
Religion	A belief system of an individual	Nominal: Muslim, Protestant, Orthodox, Catholic ...
Khat chewing	Frequency of use per day, Number of hours spend chewing khatper day, Money spend on khatchewing	Ordinal :twice, thrice ,4 times,5 times ,half day,< or > 100

Social aspects	Access to basic needs like food, clothes child upbringing, marital stability, the relation of households, livelihood, and education.	Nominal: Food, house, cloths
Economic aspects or expenditure	Income spend on khat	Scale: the amount of money for use chewing khat
Health aspects	Frequency of seeking health services Frequency of need for medication Sleep capability, Feelings of anxiety, depuration, tooth staining	Ordinal: frequency of need doctors and expenditure for seek medication Nominal: Sleep patterns Anxiety and depuration Tooth staining
Initiate	Cause (a process or action) ,to begin	Nominal : Cause (a process or action) ,to begin

3.12 Data quality assurance

The questionnaires were developed in English and translated to Afan Oromo (the local languages) then back-translated into English. Thorough training was given to data collectors on the study subject. Data collection questionnaires were checked every day by supervisors for completeness, correctness, and consistency immediately after data collection was completed on each specific workday.

3.12.1. Validity of the study

To establish content validity, the researcher assessed the clarity of the items and checked whether the items were relevant to the objectives of the study. The items were also cross-examined against the state objectives to ensure content validity. The researcher and the supervisors checked whether the items covered all the objectives and variables of the study.

3.12.2. Reliability of the study

Best (1992) suggests that an instrument is reliable to the extent that it measures what it is measuring consistently. A pilot study was carried out before the actual study. A face-to-face interview was conducted with a sample of 12 (twelve) khat chewers who had similar characteristics as the actual sample. The procedure for the pilot was the same as that of the main study. The population of the pilot test is not included in the main study. Piloting of the instrument is done to help point out any

errors in the instrument. The researchers used the findings to check the study's reliability and used a reliable instrument to enhance the reliability.

3.13. Study Variables

Dependent variable

The well-being of households

Indicators

- Socio-economic aspects
- Working hours
- Productivity
- Income
- Access to basic needs like food, clothing
- Child upbringing
- Educational status
- Households relationships

Health status

- Need of medication
- Teeth staining
- Sleep pattern
- Anxiety and depression
- Gastritis
- Initiation of chewing khat

Independent variable

Khat chewing aspect

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter focuses on the analysis and discussion of the data acquired in the field. The study's findings are based on the study's overall goal, which was to look at the perceived effects of chewing khat on the well-being of households in Jimma Zone's SekaChokorsa District. The study's findings are displayed in both tabular and graphical versions.

One hundred thirty-three family heads in four Kebeles of SekaChokorsa District were interviewed to obtain the required quantitative data for this study. 10 participants were interviewed for triangulation purposes after completing the questionnaire. As a result, the information acquired was organized and analyzed in a way that allowed us to respond to the study's objective. The information collected from key informants was organized according to the themes for wholeness, and participants' voices were directly generated where applicable. The statistical package for social science (SSPS version 26) was used to code and analyze the survey field data, and key informant information was organized according to the themes for wholeness. Tables and charts were used to present the information. Person chi-square was used to test the relationships between demographic variables.

4.2 Result

4.2.1 Demographic Characteristics of Sample Respondents

It is critical to understand the demographic features of the respondents in the Seka Chokorsa district in order to fully appreciate the study's conclusions. Sex, age, occupation, education, average monthly income in Birr, religion, marital status, and ethnicity are among the demographic features. This section of the analysis, which is provided in the tables and graphs below, focuses on personal data.

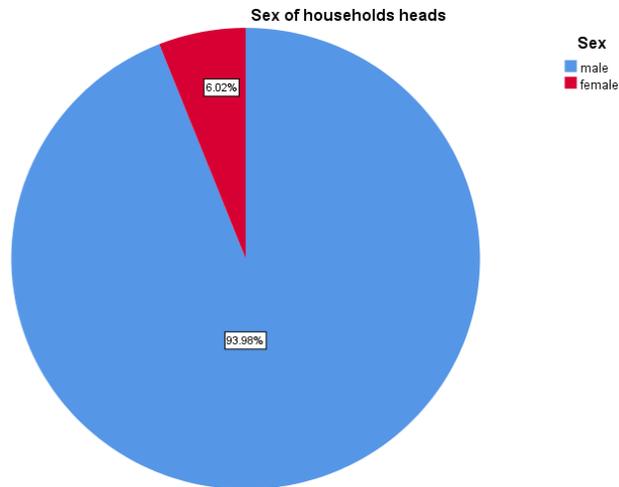


Figure 4.1: Sex of respondents

The gender breakdown of the respondents is shown in the accompanying pie-chart. According to the survey, males dominated females by a significant margin. Female respondents made up 6.02 percent of the sample, while men composed 93.98 percent. In this survey, the majority of the households were headed by a man. However, several of the households were headed by women. This was common among women who were single, widowed, or divorced.

One of the key informants from the women and children's office stated that: "Khat chewing was dominated by males of all ages in the SekaChokorsa district. The women participate in daily trade and hard work in addition to domestic work. because they cover the households' basic necessity health fee and children's education fees(a 32-year old female)

Table: 4.1. Age of respondents

Age	Frequency	Percent
18-25	24	18.0
26-35	35	26.6
36-45	41	30.8
Above 45	33	24.6
Total	133	100.0

The majority of study participants, 41 (30.8 %), were between the ages of 36 and 45, indicating that they were in their productive and reproductive age, followed by those between the ages of 26 and 35, 35 (26.6 %), and those over 45, 33 (24.6 %), respectively. The majority of the respondents were young, according to the results. This age group was known as the productive age group, as it

was a more energetic and productive part of society. The respondents' average age was 44.8 years old, with a standard deviation of 7.54. The key informant interviewed from religious person stated that: “In the district majority of the khat chewers were adult, this group decrease in economic productivity as well as health-related problems, so this condition was difficult to the households wellbeing.” (a 45-years old man)

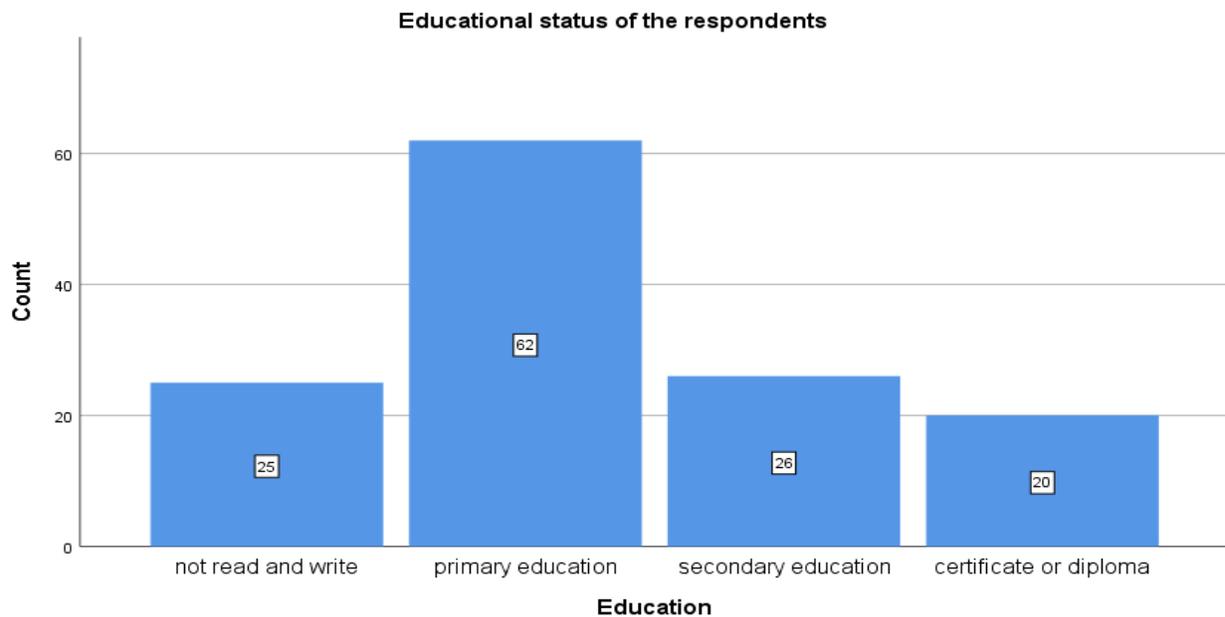


Figure 4.2: Educational level of respondents

The respondents' educational levels were divided into four categories: certificate or diploma, secondary, primary, and illiterate. However, the majority of respondents said their level of education was primary, with 62 (16.7%) saying they had an elementary education, 26 (19.5%) saying they had completed secondary school, and the rest, 25 (18.8%), saying they were illiterate. As a result, these findings indicate that the majority of khat users were in elementary school. Education standards have been greatly affected by the presence of khat in areas where khat is grown and consumed, SekaChokorsa. One of the key informant interviewers from the women, children, and youth office stated that: "khat chewing practices contribute to dropping out of school in households". (a 32-year-old female)

Table 4.2 Monthly incomes of the respondents

Monthly income	Frequency	Percent
Below 2500	78	58.6
2501-5000	48	36.1
Above 5000	7	5.3
Total	133	100.0

Table 4.2 deals with the income category of the respondents, and 58.6% of the respondents earn less than ETB 2,500.00. The remaining 36.1% fall under the income category from ETB 2,500 up to 5,000 and the rest of the income categories were found to be above ETB 5000. This finding shows the majority of the respondents were earning a low income. One of the key informant interviewers from social and worker affairs stated that: "the majority of the khat chewers spend more money and time on khat chewing practices, so the household heads earn a low income to fulfill basic necessities for their family" (a 31-year-old man).

Table 4.3 Marital status

Marital status	Frequency	Percent
Married	119	89.5
Divorced	9	6.8
Widowed	5	3.8
Total	133	100.0

The above table shows that there were a large number of married respondents, which accounts for 89.5% of the sample size, while 6.8% of them were divorced and the rest (3.8%) were widowed.

Table 4.4 Religion

Religion	Frequency	Percent
Muslim	119	89.5
Orthodox	14	10.5
Total	133	100.0

The above table gives information on the composition of the respondents in terms of religion. The survey showed that there were more Muslim followers as compared to other religions. Muslim respondents represented 119 (89.5%), followed by Orthodox followers with 14 (10.5%) of the sample size. This was due to the fact that the majority of the populations in Jimma districts were Muslim. According to the key informant interviewer from social and worker affairs stated that: "the study was undertaken on Islam religion groups and some Muslims consider that khat use has religious significance". (a 31-year old man)

Table 4.5 Occupational status

Occupation	Frequency	Percent
Farmer	122	91.7
Merchant	11	8.3
Total	133	100.0

Regarding occupation, table 4.5 shows that the highest proportion of respondents were farmers, at 91.7%, followed by merchants at 8.3%. This shows that almost all of the respondents were farmers.

4.2.2 Perceived Social effects of chewing khat on the household's wellbeing

This section of the study focuses on some of the perceived negative social effects of chewing khat on the wellbeing of households. The research sought to establish the extent to which respondents agreed with the following statements relating to perceived negative social effects of chewing khat on the wellbeing of households.

Table 4.6 Perceived Social effects of chewing Khat on the household's wellbeing

No.	Social effects of chewing Khat on the households	Yes(%)	No(%)
1	Chewing Khat decrease marital stability	123(92.5)	10(7.5)
2	Chewing khat decrease child upbringing	126(94.7)	7(5.3)
3	Khat chewing leads to low educational performance	120(90.2)	13(9.8)
4	Khat chewing brings poor relationships with family	88(66.2)	45(33.1)
5	Chewing raises conflict with family in the households	103(77.4)	30(22.6)

The above table 4.6 shows that 92.5% of khat chewers believe that chewing Khat decreases marital stability, while 7.5% do not believe chewing Khat decreases marital stability. Regarding child upbringing, 94.7% of the respondents believed that chewing khat decreased child upbringing,

while 5.3% did not decrease child upbringing. Most of the khat chewers believed that khat chewing led to low educational performance, with only 9.8% of khat chewers believing that khat chewing did not lead to low educational performance. 66.2% of those polled said khat chewing harmed their family relationships. The majority of the respondents (77.4%) believed that chewing raises conflict with family in the households, while the remaining 22.6% of them believed that khat chewing does not raise conflict with family in the households. In general, most of the khat chewer households agreed that chewing khat increases marital instability, decreases child upbringing, leads to low educational performance, brings violence, and raises conflict within the family. However, the data obtained from participants of key informant interviews indicated that khat chewing has both positive and negative effects on the chewers and their families. Some participants in the study said that:

Chewing khat has both positive and negative social effects on the well-being of households in the study area .

." Marriage proposals, wedding festivities, burial ceremonies, social gatherings, and reconciliation procedures are all done while chewing khat. Chewing khat, on the other hand, harms the social components of a family's well-being. Chewing khat leads to family strife and interpersonal issues. Chewing khat leads to family instability, conflict, and more time and money spent on khat, as well as an inability to pay the khat charge. As a result, they will be at odds with the khat sellers and their wives. Due to a shortage of food and high schooling costs, their children might be unable to attend school. Finally, divorces might be inevitable. As a result of this, their children might end up in the street" (a 31-year old male).

4.2.3 Perceived effects of chewing khat on the economic wellbeing of households

This section looks at some of the economic effects of khat chewing on households. The purpose of the study was to see how much respondents agreed with the following assertions about the perceived economic effects of chewing Khat on household well-being.

Table 4.7 Perceived effects of chewing khat on the economic wellbeing of households.

	Economic effects of chewing khat on the well-being of households	Yes(%)	No(%)
1	Khat chewing raises loss of family income	131(98.5)	2(1.5)
2	Khat chewing increase demand for health services	104(78.2)	29(21.8)
3	Khat chewing decrease productivity	126(94.7)	7(5.3)

Table 4.7 shows that, when asked regarding productivity, the majority of respondents stated that khat chewing decreases productivity, with only 5.3 percent opposing it. Similarly, 98.5 percent of khat chewer households believed that chewing khat reduced family income, with only 1.5 percent disagreeing, and 78 percent believed that chewing khat increased demand for health services.

“Khat chewers invest a large portion of their daily income in khat, and this affects their expenses for their families' essential requirements. One of the women, children, and youth office participants noted that "The majority of the chewers were farmers, and they make about 5000 monthly, and they are primarily the primary source of income for their families." (a 32-year-old female)

According to one of the key informants

“living expenses are rising today. This effect is quite challenging for families with a large number of children. Even though their income is minimal and the cost of living is rising, the spouses spend a significant portion of their daily earnings on khat and other items such as peanuts, sugar, and soft drinks, which are frequently used during khat chewing sessions. Chewers who tend to drink after khat chewing spend more money than those who do not do so” (a 31-year old male).

As a result, many husbands, according one of the key informant from women ,children, youth office stated that: *“give their wives a little quantity of money to buy food, clothes, and school supplies for their children. Some spouses are not always financially responsible for their family's expenses. Mothers are obliged to collect and sell firewood or charcoal on top of their other household responsibilities to support their children's daily survival needs in such extreme instances”*(a 32-year-old female).

Couples were chewing khat at the expense of the family's basic needs budget, According to key informants in social and labor affairs, one of the economic worries is the interference of the husbands' khat expenses with the family's necessary expenses. One of the key informant interviewers from the Labour and Social Affairs office stated in this regard,

Each day, a person spends 30-70 birr on khat purchases. This was not a cheap expense because the person would spend between 800-2000 birr each month on khat, which is nearly the same as a diploma holder's monthly wage in Ethiopia (a 31-year-old male).

Many people, particularly breadwinners, have found it difficult to meet their families' fundamental needs due to a linked economic challenge. When it comes to khat expenses, there have been instances where husbands have not been able to provide for their families' basic needs, resulting in conflict with their wives. According to the key informant's religion, the interviewer stated that :Khat chewing resulted in a lack of money in the houses, terrible relationships with their families, and their children were missing from school, their marriages were destroyed, or the family was facing a crisis (a 45-year-old male).In addition to the negative effects on household economies, khat chewing has a positive effect on khat producer households.

The finding of the study indicated that khat alone should not be blamed for chewers' financial losses because the reason for chewing khat and managing expenses was equally important. People who chew khatto raise their performance and earn money should not be deemed to be wasting money because they are obtaining enough energy from khat to work for a long period and generate cash. In other words, they're substituting the money they make from the things they're doing for the money they'd spend on khat. However, chewing khat has its own economic benefit. Furthermore, khat provided employment and revenue to several khat farmers and traders. It's a lot

more than the income from the same coffee-growing plot. Regarding the economic benefits of khat, one of the key informants interviewed from social affairs offices stated that,

It has become one of Ethiopia's cash crops. Many tons of khat are provided to the local and international markets, and significant money is made from khat trade and taxation, just as it is with coffee and other cash crops. This primary source emphasized that khat made significant positive effects on the country's economy. (a 31-year old male)

4.2.4 Perceived Health Effects of Chewing Khat on Household Heads

This section discusses some of the perceived health effects of khat chewing on household heads. The purpose of the study was to see how much respondents agreed with the following claims on the perceived health effects of khat chewing on household heads.

Table 4.8. Perceived effects of chewing khat on chewers household heads health

S.N	Perceived Health effects	Yes	No
1	Khat chewing arise sleeping disorder	126(94.7)	7(5.3)
2	Chewing gives reduced appetite	115(86.5)	18(13.5)
3	Chewing gives gastrointestinal problem	113(85.0)	20(15.0)
4	Chewing gives depression and anxiety	88(66.2)	45(33.8)
5	Khat chewing gives tooth staining	131(98.5)	2(1.5)

Table 4.8 shows the majority of respondents. 94.7% of the respondents believed that khat chewing causes sleeping disorders. Only 5.3 percent of those interviewed did not believe that khat chewing causes sleeping problems. In terms of appetite, gastrointestinal problems, depression, anxiety, and tooth staining, 86.5 percent of respondents indicated that khat chewing reduced appetite, 85 percent said that it causes gastrointestinal problems, 66.2 percent of the respondents believed that it causes depression and anxiety, and 98.5 percent believed it caused tooth staining. In this study, the majority of the respondents reported that khat chewing practice had perceived health effects. Sleeping disorders, decreased appetite, gastrointestinal distress, depression and anxiety, and tooth staining are just a few examples. One health extension employee indicated that:

The harmful effects of chewing khat in the study area included gastritis, sleeping disorders, tooth staining, loss of appetite, hallucinations, anxiety, and depression, and chewers used things like cigarettes, traditional alcohol, peanuts, sugar, and coffee during and after chewing, so those conditions increased the demand for health services and made it difficult for them to manage their household resources, according to key informants from Kebeles' health extension workers. (a 28-year-old female)

4.2.5 Tests of Association among the respondents' frequency of Chewing Khat and demographic factors

Chi-square was calculated to check whether the frequency of khat chewing is the same among the demographic variables of the respondents. Accordingly, it found that the p-value (.000) is less than the α -value (0.05).. One of the variations in the demographic variable may be related to users' weekly frequency of khat chewing. Hence, the Chi-square test was used to check the association between the respondents' weekly frequency of khat use and their demographic variables related to khat use using the following hypothesis. There is no association between the respondents' weekly frequency of khat chewing and the demographic variables such as age, occupation, education, and marital status associated with it. H1 is not H0.

Table 4.9: The association between frequency of khat chewing and demographic variables

		Frequency of chewing khat			X ²	Df	p-value
		Every day	Six times a week	Four times a week			
Sex	Male	90(72.0)	22(17.6)	13(10.4)	7.838 ^a	2	.042*
	Female	5(62.5)	1(12.5)	2(25.0)			
Age	18-25	17(70.8)	5(20.8)	2(8.3)	4.55 ^a	6	.602
	26-35	25(73.5)	6(17.6)	3(8.8)			
	36-45	30(73.2)	5(12.2)	6(14.6)			
	Above 45	24(70.6%)	6(17.6)	4(11.8)			
Occupation	Farmer	86(70.5)	22(18.0)	14(11.5)	2.61 ^a	2	.270
	Merchant	10(80.9)	1(10.9)	1(9.1)			
Education	Not Read and Write	18(72.0)	5(20.0)	2(8.0)	3.03 ^a	8	.339
	Primary Education	41(74.5)	9(16.4)	5(9.1)			
	Secondary Education	16(61.5)	5(19.2)	5(19.2)			

	Diploma	15(75.0)	3(15.0)	2(10.0)			
	Degree	6(85.7)	0(0.0)	1(14.3)			
Income	Below 2500	57(73.1)	10(12.8)	11(14.1)	8.55 ^a	4	.011*
	2501-5000	32(66.7)	12(25.0)	4(8.3)			
	Above 5000	3(53)	2(23.5)	2(23.5)			
Religion	Muslim	84(70.6)	22(18.5)	13(10.9)	6.80 ^a	2	.034*
	Orthodox	12(85.7)0	1(.7)	2(14.3)			
Marital status	Married	38(74.5)	7(13.7)	6(11.8)	3.97 ^a	6	.681
	Divorced	50(70.4)	13(18.3)	8(11.3)			
	Widowed	3(50.0)%	2(33.3)	1(16.7)			

The result of the study indicated that the frequency of khat chewing was statistically significant with respect to sex, religion, and income. In contrast to females, the majority of male khat chewers chewed khat every day. The respondents also reported that there was a statically significant in the monthly income of the respondents and the frequency of khat chewing. Muslim religion adherents consume khat at a higher rate than orthodox religion adherents. The proportion of khat chewing practiced within the group was higher among Muslim followers than among other religious followers.

4.2.6 Factors that initiated chewing khat on the household heads

Various variables that encourage khat chewing were mentioned by present chewers in this study. Peer pressure, religious reasons, social life, enjoyment, unemployment, and family members who use the habit for alertness were among the most common reasons for chewing khat.

Table 4.10: Factors that initiated chewing khat on the household heads

	Frequency	Percent
Peer pressure	26	19.5
Religion purpose	3	2.3
Social life	11	8.3
Enjoyment	1	0.8
Unemployment	13	9.8
the family that use habit	77	57.9
Alertness	2	16
Total	133	100.0

Among these, the majority of the respondents were chewing khat due to family use of habit (57.9%) and peer pressure (19.5%), while the remaining respondents were chewing khat due to social life (8.3%), religious purpose (2.3%), and unemployment (9.8%). A minority of the respondents were chewing khat for enjoyment and to alert themselves.

The result can be supported by one of the key informants from religion, who says:

“The main reason for starting chewing khat was family use of habit. They believe that this is also true from the youngest to the oldest generations. If you look at many of the people around them here, many of them are chewing khat, and almost all of them were forced to chew khat. It appears difficult to find non-chewers in this village, and the rate was rising as a result of family chewing habits and peer pressure. Area” (a 45-year old man).

One of the key informants’ interviewers from the women's, children's, and youth office stated that: "In this district, family chewing khat habits highly influence the social, economic, and health effects of households' wellbeing". (a 28-year old man)

4.2.7 Substances and beverages used by khat chewers

Table 4.11:1 substance and beverages

		Frequency	Percentage
Other beverages/substances they used during khat chewing	Peanut	24	18.0
	Soft drink	13	9.7
	Sugar	82	61.7
	Coffee or tea	14	10.5
Substances they used after chewing khat	Cigarette	18	13.5
	Alcohol	2	1.5
	Traditional brew	20	15.0
	None	93	70

Table 4.11.1 shows that most of the respondents used additional substances such as peanut (18%), coffee or tea (10.5%), sugar (61.7%), and soft drinks (.9.7%) while practicing khat chewing. Some of the respondents also use other substances after chewing khat. 13.5% smoke, 1.5% drink alcohol, and 15% drink traditional brew. One of the key informant interviewers from the extension worker stated that: "Chewing khat was most likely to increase with substance usage. Cigarettes, sweets,

and alcohol are substances that have economic and health effects on users and their households' wellbeing.

4.2.8 Khat chewing patterns on household heads

Table 4.11:2 Khat chewing pattern on the respondents

		Frequency	Percent
With whom do you chew khat	with family members	82	61.7
	with age groups	51	38.3
Where the households chew khat	In their house	81	60.9
	In their friend's house	41	30.8
	Other	11	8.3
When the household heads chewing khat	From afternoon to midnight	65	48.8
	From morning to afternoon	36	27.1
	On the afternoon	32	24.1

The above table 4.11.2 shows that 61.7% of the respondents chew khat with family members and 38.3% with age groups. These findings reveal that most chat chewers chew khat with family members, followed by age groups. And 60.9% of the household heads chew khat in their house, 30.8% chew khat in their friends' houses, and 48.8% of khat chewers chew khat from the afternoon to midnight, 27.1% of khat chewers chew from the morning to afternoon, and the rest of the khat chewers, 24.1%, chew khat only in the afternoon.

The key informant interviewer from social and worker affairs stated about khat : *chewing practices that: more household heads chew khat from the afternoon up to midnight with family members and age groups in their house and outside their house. (a 31-year old man)*

4.2.9 Khat chewing practice in the households

Table 4.12: Number of hours spent chewing Khat per day

Number of hours spent chewing khat per day	Frequency of Chewing Khat			Total
	Every day	Six times a week	Four times a week	
≤ 5 hours	20(20.8)	2(9.1)	3(20.0)	25(18.8)
>5 hours	76(79.2)	20(90.9)	12(80.0)	108(81.2)
The average number of hours spent chewing khat per day	6.5208	7.4545	6.9333	6.72

Table 4.12 shows that, for those who had consumed khat every day, 20.8% of them were chewing khat for less than 5 hours, while the remaining 79.2% were chewing khat for more than 5 hours. For those who had consumed khat six times a week, 90.9% of them were chewing khat for more than 5 hours, while only 9.1% of the respondents were chewing khat for less than 5 hours. For those who had consumed khat four times a week, 80% of them were chewing khat for more than 5 hours, while only 20% of the respondents were chewing khat for less than 5 hours. In general, 81.2% of the respondents were chewing khat for more than 5 hours; the remaining 18.8% of the respondents were chewing khat for less than 5 hours. The average number of hours spent chewing khat was 6.72 hours per day, with most of them chewing every day, and the average number of hours spent on chewing khat was 7.45 hours, six times per week. The average number of hours spent chewing khat was 6.93 per week, with those chewing four times per week. Because the majority of khat chewers were household heads, according to the key informant interviewer from the women, children, and youth office,

they were unable to engage in gainful jobs and instead spent more time chewing khat. Their families face a range of challenges, including paying for food, clothing, and school fees, as well as having their children drop out of school and fighting with their wives. Their marriage eventually ended in divorce, forcing their children to live on the streets (a 32-year-old female).

majority of the household heads in this district spend more time chewing khat instead of participating in income-generating activities," one of the religious participant interviewer said (a 45-year-old man).

4.2.10 Money spending on khat chewing per day

Table 4.13 Money spending on khat per day

	Frequency	Percent
30-50 birr	81	60.9
51-70 birr	15	11.3
Above 70 birr	37	27.8
Total	133	100.0

Table 4.13 shows that 60.9 percent of respondents spend less than 50 birrs per day on khat, while the remaining 27.8% spend more than 70 birrs per day. (As long as many of the respondents chew it from their farmland, the data in this table does not imply that all of the respondents chew khat by purchasing it. The idea, on the other hand, denotes the monetary value of the khat they are consuming. According to the key informant from worker and social affairs, stated that: "Khat chewing in this study area affects the income of chewer households instead of fulfilling basic necessities like food, clothing, and shelter. (a 31-year old man)

4.3 Discussion

To accomplish the research objective, this study focused on the perceived social, economic, and health effects and initiation of khat on 133 selected respondents (household heads) who chew khat on a regular basis at the age of 18 and above, male and female. The findings of this study revealed that respondents' sex was more common among male household heads than female household heads. One of the reasons is that women are culturally restricted from engaging in socially acceptable behaviors and activities that males engage in. This could be owing to household gender roles and norms, where females are more responsible for caring for family members than males are for spending their money on a substance like khat.

Another possible explanation is that the frequency of khat chewing in females was underestimated since fewer females participated in the study than males. The finding supported the study conducted by Wondemagegn et al., (2017) and Zeleke et al., (2013), which revealed that men have been the majority of *khatchewers* as a traditional practice.

According to the findings, khat chewing is more widely used among married, uneducated, and low-earning household heads. These findings pale into insignificance to those of YerraRajeshwar

et al. (2016), who found that the behavior of chewing khat was most widely practiced among unmarried, educated, and high-earning household heads in Mekele. Furthermore, the conclusions of this investigation contradict current findings. Haji with (1985) found 70% of the respondents were not in any marital relationship and also Tefera et al. (2004) stated that : in Ethiopia, khat chewing is not confined to people in marital relationships only.

In addition, Aden et al., (2006) found that khat chewing was associated with low educational levels in the Ijara district of Northern Eastern Kenya, and Berhanu et al., (2012) found that khat chewing was associated with low educational levels in the Mana District of the Jimma Zone, in the South Western part of Ethiopia. The current finding was consistent with Kassim et al. (2010), who conducted research among Yemeni male residents in the United Kingdom and found that khat chewers had low levels of education. This study inconsistencies with the study conducted at Harar by Gudeta, (2019), which found most of the household heads' informants (93, or 46.3%) had university graduations.

The variable marital status was used to clarify the amount of participation of spouses in *khat* chewing with the wellbeing aspects of the households. In these findings on survey data on the distribution of respondents by their marital status, there were a large number of married respondents, which accounts for 89.5% of them chewing khat. According to the findings, the majority of those who chewed khat were married. This finding may reflect that the chewing of *Khat* was a practice that was commonly known among families in the area. This finding supported Ruth, (2016) research, which found that the majority of those who consumed khat were married. Her findings could indicate that the chewing of khat is a common habit among families.

The finding of the study was that the majority of respondents were in the age range of 36-45 years, hence in their productive and reproductive ages. The result indicated that most of the respondents were adults. This age set can be considered as the productive population, an active and more productive section of households. The finding, supported by Gudata (2019), stated that more than 70% of the chewers were between the ages of 19 and 39. This age set can be considered as the working-age population, an energetic and more productive segment of society. In addition, this finding is consistent with the study conducted in Mekele by Yerra Rajeshwar et al. (2016), which found 95% of the respondents in the age group of 15-45.

Information on the composition of the respondents in terms of religion. The greater the number of Muslim adherents in comparison to other religions, Among Muslim respondents, 119 (89.5%) were followed by Orthodox followers, 14 (10.5%) of the sample size. This finding suggests that khat use is not limited to a single religious adherent; rather, it was chewed by religious adherents of various faiths, though it was mostly chewed by Muslim religious groups as associated with the others. This was because Muslims made up the majority of the population in the Jimma areas. Furthermore, significant participants emphasized several times that khat chewing is typically done for religious purposes.

This conclusion is backed up by the findings of Fojo and Tesfa (2020), who found that khat consumption was limited to a single religious follower. In comparison to the others, it was mostly chewed by Muslim religious followers. Another study conducted in Mekele by YerraRajeshwar et al. (2016) found a low proportion of muslim chewers in the study area is associated with a significantly higher orthodox and lower muslim population in Mekele. So this study is inconsistent with the current one.

The study also sought to establish the occupational status of khat chewers. Occupation status is a vital perceived socio-economic wellbeing aspect of human beings. Regarding occupation, the highest proportion of respondents were farmers, at 91.7%, followed by merchants at 8.3%. This shows that almost the majority of the respondents were farmers. This finding is supported by Zeleke et al., (2013). Their findings reported that respondents were farmers (58.4%) and rural residents (66.4%).

The results of this study, which revealed that chewing khat has perceived negative social effects on household wellbeing. According to the majority of khat chewers, household heads believe khat chewing decreases marital stability, reduces child upbringing, leads to low educational performance, leads to poor family relationships, and promotes conflict within the household. From this finding, the researchers of this study stated that khat chewing faced households with the negative social effects of chewing khat on their wellbeing.

This conclusion is supported by research by Fojo and Tesfa (2020), who found that survey participants stated that khat use expenditures interfered with their families' basic requirements, causing conflict between themselves and their families. Some of them also said they had problems with their bosses because they were late and absent from work due to khat use. The current study consists of the study conducted in Nekemte by Wondemagegn et al., (2017) who found that khat chewing practices were causing a variety of social problems, as measured by family disruption, a lack of an adequate relationship with family members, a lack of participation in vital life events, and time spent on khat chewing. The findings of the current study revealed that khat chewing has positive effects on household wellbeing, like marriage proposals, wedding festivities, burial ceremonies, social gatherings, and reconciliation procedures. This finding is consistent with Ruth (2016), who found the positive effects of khat chewing are marriage arrangement, wedding ceremony, funeral ceremony, social gathering, and reconciliation procedures.

In terms of economic aspects, the majority of respondents believed that khat chewing decreased productivity. Similarly, 98.5 percent of khat chewer families stated that khat chewing reduced family income and raised the need for health services, whereas 78.2 percent believed that khat chewing increased the demand for health services. According to this result, khat chewing harms the ability to purchase necessities such as food, clothing, educational and health fees for their children, and household working time usage. This conclusion is supported by research Wondemagegn et al., (2017) who found spending a lot of money on khat could jeopardize the distribution of resources for family members' essential requirements, such as food, clothing, shelter, education, and other things. In the long run, the condition could lead to hunger, life on the streets, illiteracy, divorce, and other issues.

As the study participants showed, the economic problem with khat chewing shows itself in a variety of ways. Because the cost of living is increasing from time to time, this amount of monthly income was relatively tiny for households with multiple children, as indicated by the participants. Even though their revenue was insufficient, they persisted khat chewers who smoked after or during khat chewing. This finding is supported by Gudata (2019), who argues that khat chewing causes enormous financial and time-related costs to individuals and society. Khat chewers' working and saving habits were negatively affected. Many people are forced into a cycle of borrowing and indebtedness as a result of their khat chewing. However, the participants of the

current study stated that khat has positive effects on the wellbeing of households by cultivating and selling khat and gaining income from it..

Information from this study's findings stated that the majority of the respondents reported that khat chewing practice had perceived health effects such as sleeping disorders, reduced appetite, gastrointestinal disorders, depression, anxiety, and tooth staining in the study area. This study, supported by Zeleke et al., (2013) and YerraRajeshwar et al. (2016), reported that the perceived health effects of khat chewing were sleeping disorders, hallucinations, tooth staining, anxiety, and loss of appetite, depression, constipation, gastritis, and hypertension.

The result of the study indicated that the frequency of khat chewing had statistically significant associations with sex, religion, and income. In contrast to females, the majority of male khat chewers chewed khat every day. In comparison to orthodox religion followers, Muslim religion followers chew khat on a regular basis. The proportion of khat chewing practiced within the group was higher among Muslim followers than among other religious followers.

This finding was supported by the study reported by Etana (2018), who found chewing khat had a statically significant association with sex, religion, and income. The study findings consistence with the study conducted in Nekemte by Wondemagegn et al., (2017), found that khat chewing was fairly high with statistically significant associations with sex, religion, income, and family status. Chewers in this study described a variety of causes that prompted them to start chewing khat. Peer pressure, religious reasons, social life, enjoyment, and unemployment, as well as family members who use the practice to stay alert, were indicated as the top reasons for chewing khat. The majority of the respondents of this study stated that they chew khat due to family habits followed by peer pressure. A comparable study in Kenya's north-eastern province by Aden et al., (2006) found that familial influence was important in entry into the khat chewing habit, which was thought to increase levels of alertness, happiness, and activity among khat chewers. In another study by Gudata, (2019), found that khat chewing was learned from a young age inside the family and household. According to a study conducted by Zeleke et al., (2013) in Dera Woreda, Amhara region, Ethiopia, peer pressure, family chewing habits, religious purposes, and khat production area all prompted individuals to chew khat. People chewed khat to stay alert, enjoy themselves, and prevent sleeping during prayer.

The current study's respondents also used other substances like cigarettes, alcohol, and traditional brew after chewing khat. In addition to these, the respondents of the study area used substances

like sugar, peanuts, coffee, and soft drinks. Using substances had a negative connection between khat chewing and cigarette smoking. They also used sugar, which has health consequences such as tooth decay. These findings are supported by Skaug, (2005), who found that 68 % of khat chewers experienced oral adverse effects. This has an effect on chewers' dental health, as well as their confidence and marriage relationships.

The findings of this study gained the initiation of khat chewing by showing that most of the respondents chew khat with family members, followed by age group in the study area, and chew khat in their house from the afternoon to mid-night. This study result, supported by Gudata, (2019) found that the majority of khat chewers chew with family members and with age groups in their house and in their friends' houses.

The results of this study also suggest that khat chewing is a common behavior. The majority of the people who took part in this study said they chew khat every day for long periods of time. The average time spent chewing khat was 6.72 hours. As a result, they spend more time chewing khat. This has an effect on working hours. The practices may reduce their ability to perform marital duties and care for their families, resulting in a drop in economic production. The majority of respondents spend 30–50 birrs per day on khat, while the rest spend more than 70 birrs. These data revealed that khat chewing had an effect on the family income. Kalix, (1987) corroborated the findings by saying that family resources were diverted to the khat chewing habit at the expense of other family needs.

The above findings are supported by conflict and social learning theory.

Khat chewing affects the consumer's family, shocking family ties when the breadwinner of the household chew khat. It is leading to family strife and limiting familial development, neglect, disruption of household wealth, and leading to tension. The husband and wife conflict with each other due to a lack of money and time. Due to conflict related to khat chewing and weakening of their economy, they sometimes end in divorce.

The respondents of this study learned the habit of chewing khat from their family, followed by peer pressure due to observation. According to social learning theory the user of khat are learnig this behavior through learning. This two theories are relevant to this study's findings.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter concludes the main objective of the study and gives recommendations depending upon the major findings of the study.

5.2 Conclusion

In some parts of East Africa, particularly Ethiopia, chewing khat is a widespread practice. This study investigated khat chewing commonly among the male gender, productive age group, Musilim religious, married, low-earning, and farmers. The study found that khat chewing was statistically significant for gender, religion, and income. Male khat chewers chewed khat daily, in contrast to females. The proportion of Muslim followers who chewed khat was larger than the proportion of other religious followers. The majority of the respondents had low incomes. In these study findings, the respondents of this study spent more time and money on each day of khat chewing practices. In this case, their families' low economic production and health were harmed by various diseases, reducing their ability to undertake marital duties.

Khat chewing has both positive and negative effects on household wellbeing, according to the findings of this study. Traditional and cultural values such as marriage proposals, wedding celebrations, funeral ceremonies, reconciliation processes, and social gatherings are among the benefits. While the practice has the aforementioned advantages, it also has negative consequences in terms of social, economic, and health issues. Chewing khat had negative social consequences, such as decreased marital stability, poor child parenting, low educational achievement, bad family ties, and increased family conflict. The loss of family income, increased demand for health services, and decreased productivity were all negative economic repercussions of chewing khat. In addition to this, the findings of this study's respondents stated that khat chewers spend time and money on khat chewing each day. And chewing khat has negative health effects such as sleep

disturbances, reduced appetite, gastrointestinal issues, depuration and anxiety, and tooth discoloration. More than half of the study respondents chewed khat on an almost daily basis.

The result of this study indicated that respondents used sugar, drank traditional brew, alcohol, smoked cigarettes, and took peanuts, coffee, and soft drinks after and during chewing khat on their own family needs and problems with their health. Family chewing behaviors, followed by peer pressure, were revealed to be the primary reasons for household heads to start chewing khat in this study.

5.3 Recommendation

The study aims to investigate the perceived effects of khat chewing on the wellbeing of households in SekaChokorsa district. The recommendations that have been made are related to strategies, policies and those for areas of further research. The researcher has given the recommendations based on the findings of the study with a view to asking for viable intervention measures to minimise khat chewing and its perceived negative effects on the wellbeing of households.

As a result, in the next section, recommendations are offered, including practical strategies, policy, and those on identified needs for further research. The following recommendations were made as important areas of change in practice based on the findings of this study:

- According to the findings, khat chewers' household heads were affected by the perceived social effects of chewing khat on household wellness, such as low marriage stability, low educational performance, low productivity, increased conflict, and poor relationships with their families. As a result, the study recommends that the government, in partnership with the Regional, Zonal, and District Education and Health Sectors, promote awareness of the perceived negative societal effects of khat chewing on household wellbeing and work to minimize those effects.
- Khat chewers in the research area spend a lot of money on khat and chew it for a long time. They can't work since they're not allowed to. Their families are affected by the reported negative economic effects of khat chewing, such as lower income, lower productivity, and increased need for health care. To reduce the economic effects of khat chewing on household well-being, create public awareness campaigns in partnership with the

government, the ministry of education, and the ministry of agriculture. According to the research, the government should use the Ministry of Agriculture's Field Extension Officers to help individuals and families discover alternative economic livelihoods.

- The findings of this study suggested that khat chewing had detrimental effects on the health of household heads, including sleeping disorders, lower appetite, gastrointestinal problems, depression, and teeth discolouration. Organizing a meeting with religious leaders, community leaders, health extension workers, educational experts, youths, adult family heads, and other stakeholders to reach a common understanding and establish common rules and regulations to reduce the negative health effects of khat chewing on household heads. The Ministry of Health will collaborate with the government to build policy frameworks to reduce the problem.
- According to the findings, the majority of respondents were influenced to chew khat by their family's practice, followed by peer pressure, and the respondents utilized other substances and beverages. As a result, the report recommends that the government work with educational and health organizations to raise household knowledge. As a result, the government will raise community awareness and support scientific research on khat at various universities, as well as investigate the harmful effects of khat chewing and other substances and beverages on household wellbeing, in collaboration with regional, zonal, and district health and education offices.

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JIMMA UNIVERSITY, COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

ANNEX-I: SURVEY QUESTIONNAIRE

My name is ZaferaYasin I am MA student, in the department of Sociology, Jimma University.

QUESTIONNAIRE FOR DATA COLLECTION

Dear respondents: - The purpose of this questionnaire is to collect data on the effects of chewing Khat on the wellbeing of households in Jimma Zone at sekaChokorsa district, for partial fulfillment of the requirements for the degree of Masters in Sociology (Specialization in family and gender). Your co-operation in providing relevant and accurate data will be of a great help of the study. Be assured that your response will be used only for the purpose of the study and be kept confidential. Therefore, please read, listen and understand each of the items and give your response that corresponds to the situation in your households' environment. It is not necessary to write your name.

Thank you for your co-operation and time

Part 1: Socio- demographic Information

Direction: Please write an appropriate number that best fits your current status write correct answer in the space provided (for no.1 to 10).

1. Sex (1=Male, 2= Female) -----
2. Age ----
3. What is your occupation? (1=Farmer, 2= Merchant, r, 3=private employee, 4= government employee, 6= other) -----
4. Educational status (1= Not read and write, 2= Primary education, 3= Secondary education, 4= Certificate or diploma, 5=Degree or above) -----.
5. Would you tell me your average monthly income birr in your household? _____
6. Religion (1= Muslim, 2=orthodox, 3= Protestant, 4= Other) -----
7. Marital status (1= Never married, 2= Married, 3= Divorced, 4= Widowed) -----
8. Ethnicity (1=Oromo, 2= Amhara, 3=SNNP, 4=, 5=Tigre, 6 = Others) -----
9. Place of residence (1=Urban, 2=Rural) -----

Part 2: Please indicate the extent for which the following effects of chewing khat on the wellbeing of households. Mark “X “in column which nearly effects of chewing khat

Statement	Scale	
	1	2
	Yes	No
A. Social aspects		
1.Can you believe chewing khat decreases marital stability?		
2.Can you believe chewing khat decrease child upbringing?		
3. Canyou believekhat chewing leads to low educational performance?		
4 Can you believe khat chewing brings poor relationships?		
5 Canyoubelievekhat chewing raises conflict with family in the households?		
2 Economic aspects of chewing Khat		
1. Canyou believe khat chewing decreases productivity?		
2. Can you believe khat chewing raises decreases family income?		
3. Can you believe khat chewing increase demand for health services?		
3. Health aspects of chewing khat		
1. Can you believe khatchewing arise sleeping disorder?		
2.Can you believekhat chewing gives reduced appetite ?		
3. Can you believekhat chewing gives gastrointestinal ?		
4.Can you believekhat chewing gives depression and anxiety?		
5. Canyoubelieve.Khat chewing give tooth staining?		

Part 3. Choose the best answer otherwise fill the blank Space

2. For what reason did you start first intimationchewing of khat in your household? A/ Peer pressure B/religion purpose C/social life D/enjoyment E/unemployment F/family khat use habit G/Alertness H/other, specify_____

3. Frequency of chewing khat. A/ every day B/six times in weak C/five times in weak D/four times in weak

4. Wheredo you chewing khat? _____

5 When do you chewing khat? _____

6. Approximately how many hours do you spend chewing khat per day? -----

7. How much do you spend on khat per day? -----

8.With whom do you chewkhat? A/ with age group B/with family member C/other_____

9 Do you use other substances together with khat? A/ yes B.no

10 If yes, which of the following substances do you use? A/ cigarette B/ Alcohol C/ Traditional brew D/other

11 Which other beverages do you use when use khat A/peanut B/soft drink C/sugar D/coffee or Tea E/others _____

12. What are your appetites after chewing khat?

A/ Very High B/ High C/ good D/low E/ I do not have

13. Do you get an adequate sleep after chewing khat?

A/ Yes B/ to some extent C/ No

A/ yes B/ No

If your answer is yes, mention the effects? -----

Jimma University

My name is Zafera Yasin, MA student in department of sociology on stream of family and gender of Jimma University

You have been chosen to participate as a Key informant to help me to understand the effects of Khat chewing on the households' wellbeing. You have been selected because of your position and for being conversant with Khat chewing issues in this area. Feel free to discuss the issues honestly. The responses will be used only for the purposes of this study.

Key informant checklist for health extension workers about khat chewing in the households.

Structured questioners

Time Started4...-5...12/8/2021 Identification number 3

1. What are the effects of chewing khat in the households.?
2. Define the relationships of households members concerning to the effects chewing khat..
3. What kinds of health problems are you see in the households?
4. Give some of the most common habits connect with khat chewing in the households.

5. In your opinion please explain the factors initiate why households use khat.

- 6 As you are extension worker, what are interventions have put in place in respect to khat chewing in the households _____

7. Make any other comment on khat chewing and users wellbeing in the households.

Time interview ended: Thank you for your collaboration.

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES, DEPARTMENT OF SOCIOLOGY

MA IN SOCIOLOGY (SPECIALIZATION IN FAMILY AND GENDER)

Key Informants Interview checklist for worker and social Affairs and women, children and youth office workers.

Interview time: from __3:___ to 4:___/8/8/2021__

Interview identification no 1

Date 8/8/2021

KebeleAlaga

Sex Male

Khat chewing information

.1What effects do you know about khat chewing in the household?

2. What is your answer the areas where the households chewing what? Please explain your answer.

3.What is your answer the areas when the households chewingkhat? Please explain your answer.

5.. What are the factors initiate khat chewing in the households?

5. What actions will you propose to control khat chewing?

7.Define the relationships of household members concerning to the effects chewing khat.

8. Give any other explanations on khat chewing effects on chewer's wellbeing in the house holds

Time interview ended _____

Thanks for your collaboration

Key Informants Interview checklist for religious leaders

Interview time: from __4__ to _5__

Interview identification no 3

Date 10/8/2021

Kebele Komi Hari

Sex Male

Khat chewing information

1 What effects do you know about khat chewing in the household?

2, In your opinion please explain the factors why households use khat.

3. As you are religious leader what is your advice in the households about khat chewing.

4. Give any other explanations on khat chewing effects on chewers households.

5. where the khat chewers chew khat ?

6 with whom the respondents chew khat.?