

**EFFECTS OF Khat USE ON MALES' PERFORMANCE OF THEIR URBAN
HOUSEHOLD ROLES IN EASTLEIGH ESTATE IN NAIROBI CITY**

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DECLARATION

This project is my original work and has not been presented for the award of a degree in any other university / institution or for any other purpose.

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DEDICATION

This project is dedicated to the holy family; Jesus, Mary and Joseph.

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ABBREVIATIONS

WHO	-	World Health Organization
NACADA	-	National Agency for the Campaign against Drug abuse Authority
UNDCP	-	United Nations Drug Control Programme
UN	-	United Nations
MOALD	-	Ministry of Agriculture and Livestock Development
NCST	-	National Council for Science and Technology
NDPS	-	Narcotic Drugs and Psychotropic Substances
LSD	-	Lysergic Acid Diethylamide
MDMA	-	Methylenedioxymethamphetamine

ABSTRACT

The study evaluated the effects of khat abuse on the males' performance of their household roles. It focused on adult males who chew khat in Eastleigh estate in Nairobi. Males like other household members are very important and their contribution to the stability of the household through performance of their roles cannot be underrated. There is instability in households. The study sought to evaluate if khat abuse affects males behaviour making them not to perform their roles hence bringing about the instability in the households.

The study was guided by two research questions:

1. Do household characteristics make males abuse khat?
2. Does irresponsibility by khat abusing males lead to instability in households?

Two theories; the Psychoanalytic Theory by Sigmud Freud and Deviance. Theory by Durkheim was used to enhance the study.

The study revealed that household characteristics made males engage in khat abuse, that khat abuse affected males' behaviour making them fail to fulfill their households responsibilities and leading to instability in their households.

The study used both qualitative and quantitative research methods. Primary data were obtained from adult males who consumed khat in Eastleigh area and their other family members. The informants (area chief and the assistant chief) gave important information that enhanced the study. A total of 65 respondents were interviewed.

The study revealed that households have been greatly affected by khat abuse and there is need for more studies in order to bring to light the real truth about khat abuse in order to help those who are suffering quietly as a result of khat abuse and save those in danger of being victims of khat abuse in future.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

The khat plant is also known by various names like miraa, qat, kat, chat, kue-es-salahin, tohai, tschat, catha, quat, Abyssinian tea, African tea and African salad. Scientifically it is known as *catha edulis* (celastraceus edulis plant). It is an evergreen tree or large shrub which grows in the horn of Africa and south western Arabia. It grows at high altitudes extending from East to South Africa, Afghanistan, Yemen and Madagascar (Krikorian, 1984). When its leaves are fresh they are crimson brown-brown and glossy and as they get advanced in age they bleach and harden. It can grow up to the height of 10 to 20 feet.

Khat plant is classified as a drug. Khat leaves contain the psychoactive alkaloid cathinone, structurally similar to d-amphetamine and cathinone consumers chew the fresh leaves. The fresh leaves have comparatively higher alkaloid content. The plant material is retained in the mouth and chewed intermittently to maintain the amphetamine –like effects (Kalix P., 1991). It is chewed by both males and females although the males who chew it are more than the females.

Khat has been used since ancient times for religious and recreational purposes by the people of East Africa and Arabian peninsula. Khat is widely consumed in Somalia. These societies have traditionally evolved cultural systems integrating Khat use into the social fabric giving positive reinforcement and meaning to the experience. The decreased productivity and diversion of income caused by its use is accepted in this social cultural context. Khat is a stimulant which keeps the user alert and interferes with the functioning of the central nervous system (Basher J.A., 1980).

Khat ingestion causes sympathetic activation, increases intellectual efficiency and alertness, euphoria and anorexia. Anorexia is a condition whereby the individual develops abnormal fear of eating thus leading to dangerous loss of weight. Euphoric condition is whereby an individual is in a state of intense feeling of happiness and

pleasant excitement. These effects wear off with mild lapses of depression (Kalix P., 1991).

Khat has been commonly used in Kenya since the turn of this century. Apart from areas of Meru where Khat is grown and is thus obviously consumed there, it is consumed in almost all urban areas (towns) in Kenya (Mugambi, 2005).

One will find Khat business in these areas. This is evident in Nairobi especially in Eastleigh division which has an integrated culture comprising of Somalis, Ethiopians, Arabs and other Kenyan tribes.

In 1939, the British government imposed control measures on the use of Khat in the then British protectorate (Kenya). That was when it realized the problems associated with Khat use especially amongst its military personnel and local administrators. However, the first serious step was taken in 1952 when an act prohibiting the use and sale of Khat was enacted, under the Miraa Prohibitive Act of 1932 (revised in 1962) laws of Kenya, chapter 339. The Miraa prohibitive act was suspended in January 1977 by Mzee Jomo Kenyatta the then President of Kenya.

Khat is easily available depending on quality and quantity. Those who live in areas where it is grown can get it by buying or through providing labour to the growers. Others can get it from peers as they socialize with other consumers of the commodity.

Khat growing provides empowerment to those who are hired to harvest it. The harvesters who are local inhabitants of the area are paid cheaply depending on the work done. Khat is viewed as a cash crop in the region because it earns four times more than tea (MOALD, 1995). The acreage under the cultivation of Khat is estimated to be 25,000 hectares (Ministry of Agriculture and Livestock Office, MOALD report, 2010). The Khat growers attach great value to the commodity to the extent of involving themselves in criminal activities like killing in its defence.

According to UN Report (2003) the largest Khat exporters are of Somali origin who use their great fortune in funding criminal activities. Khat growers sell their product locally and even abroad. However, most of them use the capital got from the Khat sales carelessly on luxury and hence there is little or no development made economically in the khat growing areas.

1.2 Problem Statement

Khat is a drug. Administration of Khat like any other drug in a manner that deviates from the approved mechanical or social patterns in a given culture is drug abuse (WHO,1969). The intensity of drug abuse has been of major concern; it has invaded homes, schools, work places and villages, affecting individuals of all ages and social status (UNDCP, 1992). Chewing Khat is the most common mode of administration. The overwhelming effect of drug and substance use is an ever expanding invasive problem in the world today. (Namwoja, 1993). Khat is among the widely used drugs in Kenya due to its availability and socio-economic implication (Haji, 1985).

Learning institutions have had serious problems emerging from Khat consumption which have bothered people over years. It has led to students failing or dropping out of school. Laxity on the part of teachers who use Khat has also been noticed. There was a call by the North Eastern Provincial Education Officer, which is known for its widespread Khat use to all teachers to minimize Khat use and take their work seriously (Daily nation, may 24th 1982).

In the literature written about Khat and in a number of press, radio and conference reports, there is a growing concern about the problems associated with Khat use and abuse. Many organizations including (WHO), the United Nations Fund for Drug Abuse Control, a number of governments, individuals in various civic, social and political positions and scholars from various fields, all voice their concern over the problems associated with Khat use which touch on nearly all aspects of life.

Much emphasis has been laid on other drugs and substance while ignoring Khat. It is therefore vital to bring to light this situation which destroys household members without condemnation. This is why the researcher intends to carry out this study.

Khat consumption affects the health of an individual. It causes Anorexia (NCST, 1996), which is a condition whereby an individual develops fear of eating. Failure to eat leads to dangerous loss of weight. This implies poor health and poor performance of responsibilities in the family and society at large. This results to poor or no productivity economically leading to poverty.

Khat consumption causes euphonic conditions making an individual to be in a state of intense feeling of happiness and excitement, (Lewin, 1931). Such an individual may not be expected to perform his roles normally.

To date NACADA has tried with no success to get Khat to be classified as a dangerous drug. Consequently, the sale and use of Khat is not restricted. Even male students have access to it. When they use it they fail to sleep adequately. This makes concentration difficult (NCST,1996). This affects their studies and others finally drop out of school.

The cultivation of Khat results in the decreased production of other more important crops like cereals, promoting malnutrition and disease. (Murad, 1983). Users of Khat commonly divert their income to Khat chewing, neglecting their families needs (Kalix,1987). The average family income sometimes can be halved to support the habit (Basher and Sadoum, 1983).

Khat has furthermore been implicated as a casual factor for family instability (Elmi, 1983), divorce, encouragement of prostitution and criminal behaviour. Nationally, diversion of resources towards the production or importation and marketing of Khat has a negative impact on the economics of Khat consuming countries.

This study is therefore necessary in order to highlight these problems which are threatening the family welfare.

1.3. Research questions

1. In what ways is the male performance of household roles affected by abuse of Khat?
2. To what extent can Khat abuse by males be blamed for the problems in households?

1.3.1 Study objectives

1.3.2 Broad objectives

To examine effects of Khat abuse by males on their performance of household roles in Eastleigh Estate in the city of Nairobi.

1.3.3 Specific objectives

1. To highlight how household characteristics lead to Khat abuse by males in Eastleigh.
2. To highlight how failure by Khat using males to fulfil their household responsibilities leads to instability in households.

1.4. Justification/ rationale of the study.

The family is a very important unit of the society. The study will highlight ways in which Khat consumption and abuse by males has affected the family unit. This will improve the relationship among family members, if males learn to be responsible and plan their household roles properly.

Education standards of children in families of Khat abusers will improve if fathers take their parental duties properly and ensure that their children go to school.

The data gathered would enhance general awareness which would educate the community, parents and other stakeholders on the problems caused by Khat use and abuse in the society. The findings of the study will be used as reference material.

1.5. Scope and Limitation of Study

The study will be carried out in Eastleigh Estate in the City of Nairobi. It will target adult males who consume Khat. This is because males of this age are the ones who consume and more so abuse Khat and many of them fail to fulfill their roles in the household. The study will also target other household members of the males who consume Khat. These are the ones who are directly affected by the behavior of the male members of their households. They are therefore the ones who can give the most reliable information on how Khat consumption by the males affects their performance of household roles, since they have experienced the behaviour of those males and how it affects them. Eastleigh has also been chosen as the study site since there is rampant sale and consumption of Khat and it is easily accessible to the researcher hence making it easy for the researcher to get the information required.

However the study had some limitations. These included the problems of approaching the respondents to give information since being drug users, the effects of the drug made some of them unapproachable. Some of them were also unwilling to disclose information about themselves and their households. It was also difficult to get some of the respondents in their houses.

1.6. Definition of key terms

Household:	Members of the same family, living in the same house and making decisions together.
Abuse:	Misuse
Khat:	A tree crop referred to as Miraa, whose scientific name is <i>catha endulis</i> , consumed for its intoxicating effect on the user.
Amphetamine:	Synthetic drug used especially as a stimulant.

Income: Money received over a certain period especially as a payment for work.

Euphoria: Feeling of intense happiness

Anorexia: condition whereby an individual develops abnormal fear of eating.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

A drug is any chemical substance which when taken into the body can affect one or more of the body's functions. This includes those substances that are useful to the body and those that are harmful to the body. Some are illicit drugs i.e. their possession, sale use or purchase is generally prohibited by law. (NACADA 2006)

Drug abuse refers to the use of illegal drugs (NACADA, 2006) commonly used drugs and substances include, tobacco, khat, bhang and a host of inhalants and prescription drugs.

Alcohol

This is any beverage that contains ethyl alcohol (ethanol) alcohol is a sedative hypnotic drug obtained by fomentation of carbohydrates using yeast. The active form of alcohol is ethyl alcohol or ethanol. It is sold in many brands such as beer, wine, whisky, chang'aa, busaa, muratina and mnazi. Alcohol can affect almost every system in the body negatively. Its effects include impaired visual ability , dulled smell and taste. Ti interferes with the body's ability to absorb calcium result in weak soft, brittle and thinner bones.

Long term drinking may result in liver disease (cirrhosis), permanent brain damage, serious mental disorders and addiction to alcohol drinking a high concentration of alcohol in a short period of time can suppress the centres of the brain that control breathing and cause a person to pass out or even die.

is also sniffed or chewed. It is addictive. Nicotine is the substance in tobacco that causes the addiction. Nicotine can cause indigestion, increase blood pressure, dulling of the appetite and constriction of the blood vessels. The smoke from cigarettes has harmful effects on those around the smoke. It is now known that smoking has effects on quantity and quality of life.

Cigarette smoking is a major cause of cancers of the lung, larynx, oral cavity, pharynx and esophagus. It is a contributing cause in the development of the cancers of the bladder, pancreases, liver, uterine cervix, kidney, stomach, colon and rectum and leukemia's. Smoking is also a major cause of heart disease, aneurysms, bronchitis, emphysema, and stroke, and contributes to the severity of pneumonia and asthma. Smoking has also been linked to cataracts, hip fractures, and peptic ulcers.

For women it is associated with reduced fertility and increased risk of miscarriage, early delivery (prematurity), stillbirth, and low birth weight of infants. It has also been linked to sudden infant death syndrome (SIDS).

Cannabis Sativa

The hemp plant grows wild throughout most of the tropic and temperate regions of the world. Three drugs that come from cannabis bhang hashish and hashish oil are discussed below. Cannabis products are usually smoked. High doses may result in image distortion, a loss of personal identity, fantasies, and hallucinations.

Marijuana (bhang) — It is a green, brown, or gray mixture of dried, shredded leaves, stems, seeds, and flowers of the hemp plant. The mixture is usually smoked as a cigarette or in a pipe or bong. It is an illegal drug. Its active ingredient is called tetrahydrocannabinol (THC). Effects include exhilaration, loss of inhibitions and withdrawal from the normal activities. Hashish or hash consists of the THC-rich resinous material of the cannabis plant, which is collected, dried, and then compressed into a variety of forms, such as balls, cakes or cookie like sheets. Pieces are then broken off, placed in pipes, and smoked. Hashish oil is produced by extracting the cannabinoids from plant material with a solvent. The colour and odour of the resulting extract will vary depending o the type of solvent used.

Cocaine

It is a white, crystalline, alkaloid, which acts as a local anaesthetic. The different forms of cocaine are (i) white crystalline powder and (ii) "crack" or "rock" cocaine. Powder cocaine is generally snorted or dissolved in water and injected. Crack cocaine is usually smoked. Cocaine is a dangerous illegal stimulant that is powerfully addictive. It causes increased heartbeat as well as a rise in blood pressure. Smoking crack can cause severe chest pains with lung trauma and bleeding. Its effects are much more intense and rapid than that of normal cocaine. The mixing of cocaine and alcohol create cocaethylene while increasing risk of sudden death.

Heroin

Is a semi-synthetic derivative produced by the chemical modification of morphine. Pure heroin is a white powder with a bitter taste. Most illicit heroin varies in colour from white to dark brown. "Black tar heroin is sticky like roofing tar or hard like coal, and its colours may vary from dark brown to black. Heroin is injected, smoked or snorted. It is highly addictive and more potent than morphine.⁶ Chronic use may cause collapsed veins, infection of heart lining and valves, abscesses, liver disease, pulmonary complications, and various types of pneumonia. Heroin overdose may cause slow and shallow breathing, convulsions, coma and possibly death. Users risk contracting HIV, hepatitis B and C and other viruses.

Inhalants

Inhalants are a diverse group of substances that include volatile solvents, gases, and nitrites that are sniffed, snorted, huffed, or bagged to produce intoxicating effect similar to alcohol. The substances are found in common household products like glues, lighter fluid, cleaning fluids; and paint products, Inhalant abuse is the deliberate inhaling or sniffing of these substances to get high.

Inhalants depress the central nervous system, producing decreased respiration and blood pressure. Many users experience headaches, nausea, slurred speech, and loss of motor coordination. Mental effects may include fear, anxiety, or depression. The chronic use of

inhalants has been associated with a number of serious health problems. Glue and paint thinner sniffing produce kidney abnormalities while the solvents toluene and trichloroethylene cause liver damage. Memory impairment, attention deficits, and diminished non-verbal intelligence have been related to the abuse of inhalants. Deaths resulting from heart failure, asphyxiation, or aspiration have occurred.

Amphetamines

This is a group of behavioural stimulants that temporarily increase energy and mental alertness. Khat is an example of a substance with such effects.

Narcotic

The term is used in a number of ways. Medically, this is a drug that produces sleep or stupor and also relieves pain. Legally, a narcotic is any drug regulated under the Dangerous Drug Act and can only be obtained with a doctor's prescription. Narcotics are used therapeutically to treat pain, suppress cough, alleviate diarrhoea, and induce anesthesia. As drugs of abuse, they are often smoked, sniffed, swallowed or injected. The poppy *papaver somniferum* is the source for non-synthetic narcotics.

Medical complications common among narcotic abusers arise primarily from adulterants found in street drugs and in the non-sterile practices of injecting. Skin, lung and brain abscesses, endocarditis, hepatitis, and AIDs are commonly found among narcotic abusers.

Codeine

This is the most widely used, naturally occurring narcotic in medical treatment in the world. This alkaloid is found in opium in concentrations ranging from 0.7 to 2.5 percent. Codeine is also produced from morphine. It is medically prescribed for the relief of moderate pain and cough suppression. Codeine products are diverted from legitimate sources and are encountered in the illicit market.

Mandrax

It is found in tablet form. It is ingested in the form of pills or capsules but can also be injected intravenously. It is used for its relaxing effects. Some effects include inability to speak without slurring words, headache, dizziness and loss of appetite. Mandrax can lead to addiction and overdose.

Valium

This is a depressant drug, which calms nerves and induces sleep. It is used to relieve nervousness and tension. It can be taken orally as tablets or capsules or be injected. Short term effects include, abdominal cramps, urination problems and muscle spasms. More long term effects include, slurred speech, emotional instability, loss of coordination and awareness and paranoia.

Lysergic Acid Diethylamide (LSD)

LSD is the most potent hallucinogen known to science. LSD is usually sold in the form of impregnated paper, typically imprinted with colourful graphic designs. It has also been encountered in tablets, thin squares of gelatin, in sugar cubes and, rarely in liquid form. The user may experience visual changes with extreme changes in mood. The user may suffer impaired depth and time perception. The ability to make sensible judgments and see common dangers is impaired, making the user susceptible to personal injury.

Ecstasy

The drug 3,4-Methylenedioxymethamphetamine (**MDMA**) is distributed in tablet form. Individual tablets are often imprinted with graphic designs or commercial logos, and typically contain 100mg of MDMA. Ecstasy is usually ingested in tablet form, but can also be crushed and snorted, injected, or used in suppository form. The drug induces chemical stimulation and reportedly suppresses the need to eat, drink, or sleep. An ecstasy overdose is characterized by a rapid heartbeat, high blood pressure, faintness, muscle cramping, panic attacks, and in more severe cases, loss of consciousness or seizures. One of the side effects of the drug is jaw muscle tension and teeth grinding. Ecstasy may cause hyperthermia, muscle breakdown, stroke, kidney and cardiovascular

system failure, possible permanent damage to sections of brain critical to thought, memory, and death.

Khat

Khat (*catha edulis*), or Miraa as it is popularly known in Kenya, is a plant that is widely used for its stimulating effects on the central nervous system. It is mostly used in the predominant Muslim parts of East Africa and the Middle East. In Kenya, Khat has been in use since the turn of the last century.

The available literature by earlier researchers on this topic shows that researchers have not paid much attention to it. This chapter will explore some of the literature bearing on this subject and attempt to relate to the current study on the effects of Khat consumption on males' performance of roles in the household.

2.2. Khat as an abused drug

Khat has been used since antiquity as a recreation and religious drug by natives of East Africa, Arabian peninsula and the middle east. Khat is legal where it can be legally exported, distributed and used. Among the Muslims, Khat has been for a long time accepted as a substitute for alcohol. It has been particularly used especially during the month of Ramadhan to alleviate the tongue and reduce hunger. Although it can be abused it is often used in a social context similar to the manner in which coffee is consumed in other parts of the world. The fresh leaves, twigs and shoots of the shrub are chewed and then retained in the cheek and chewed intermittently to release the active drug. Dried plant material can be made into tea or chewable material (paste). Khat can also be smoked or even sprinkled on food. Chronic Khat abuse can result in symptoms such as physical exhaustion and suicidal depression which are similar to amphetamine addiction. Common side effects include anorexia tachycardia hypertension enomia and astir disorders (NCST 1996).

Khat is used as a mood altering substance. It is socially and legally used by many people. However, just like alcohol not everybody who uses it ends up getting problems. Some individuals are able to control the use of the drug in a manner that it does not end up causing them and/ or their families any problems. On the other hand there are those who are unable to control Khat use and it results in serious problems. The youths (males) who use Khat constantly end up performing very poorly or dropping out of school altogether.

2.2.1 The composition and the effects of Khat use

Khat was taken socially to produce exaltation, banish sleep and promote communication. It was also used as a stimulant to dizzy feelings of hunger and fatigue (Lewin, 1931). It is very rich in ascorbic acid which is a very good antidote to amphetamine type compounds. In human beings Khat is stimulant producing a feeling of exaltation, that of being liberated from space and time, produces extreme loquacity inane laughing and eventually semi coma. It may also be euphoria and used chronically it can lead to a form of delirium tremens. Some times Khat produces depression and then deep sleep. The chronic user tends to be euphonic continually. In some cases (rarely) the user becomes aggressive and over excited. (Lewin, 1931).

Khat chewing produces strong aroma and generate thirst. Casual users claim that Khat lifts spirits, strengthens thinking and when its effects wear off, generate mild lapses of depression similar to those observed among cocaine users. However, despite all these effects advocates of Khat claim that it eases symptoms of diabetes, asthma and intestinal tract disorders while opponents claim that Khat damages health, suppresses appetite and prevents sleep.

2.2.2 Social Consequences of Khat Chewing

Users commonly divert their income into Khat chewing neglecting their families needs. The average family income can sometimes be halved to support the habit (Baasher, 1983), Khat has also been implicated as a casual factor for family instability, divorce and encouragement of prostitution and criminal behavior (Elmi, 1983). Nationally, diversion of resources towards the production of importation and marketing of Khat has affected

the economy of the Khat consuming countries. Baasher, (1980) estimates that in cities of Somalia and Yemen a consumer spends about 25% of his daily earnings on Khat. The cultivation of Khat results in the decreased production of other more essential crops like cereals promoting malnutrition and disease (Murad ,1983). It also leads to low productivity due to absenteeism and the after effects of its use (Halbach, 1972, 1986, Kalix ,1987).

Drivers who chew khat to stay awake only postpone sleep. This sleep eventually catches up with them often suddenly while driving leading to serious road accidents (NACADA, 2006). Miraa chewing causes excessive production of sperms without corresponding libido. So excessive is the spermatorrhoea that men are forced to wear sanitary pads or nappies (NACADA, 2006). This could strain households and society because of spending money on purchase of pads and nappies. The khat abuser may suffer medical complications such as high blood pressure, ulcers, depression and stress among others. The family may suffer family abuse, assault, negligence, child abuse, isolation, rejection and confusion (NACADA, 2006)

Since low birth weight is a well established risky factor which causes both pre-natal and post natal death khat chewing during pregnancy is one of the contributing factors of infant mortality in communities where khat is commonly chewed (NACADA, 2006). Khat chewing involves criminal activities. This leads to social vandalism which is the act of destruction of property and other anti social behavior such as causing bodily harm to others (B.O Mouti, 2002). Spiritual decay is the basis of moral decay in society. People under the influence of khat rarely engage in spiritual endeavor, resulting in hearts full of deceit and little or no appreciation of right human values (B.O Mouti, 2002).

A great deal of money is needed for drug users. Secondly dissemination of information about dangers of drug abuse calls for funds for seminars. The resources used in these activities could be used for other projects in society, especially for the unemployed (Boniface, 2002)

2.2.3 Legislation of Khat in Kenya

Kenya like many other countries in the world has no policy on Khat. It is still legal in Kenya. One cannot thus be prosecuted for using it unlike in the traditional days when its use was restricted to the elderly men and during certain occasions. Today anybody can use Khat no matter what age and gender is involved in Yemen, Djibouti, Somali, South Africa, Britain, Holland and Kenya among others (NCST 1996). In Kenya the use of Khat is not restricted (NCST 1996). The NDPS enacted through Kenya gazette supplement number 41 of 1994, cathinone and cathine was included in the list of psychotropic substances but Khat is not in the list.

During the colonial era control measures were introduced in Kenya against Khat use, following alarming and subjective reports (NCST 1996) about being a cause of insanity. A prohibition was started in 1951 on its sale, cultivation and use. The same was later revised in 1962 and by 1974 Khat prohibitive ordinance was repealed through a presidential decree. To date NACADA has tried without success to get Khat to be classified as a dangerous drug. As such, the sale and use of Khat is not restricted and students are particularly affected. When they use Khat they fail to get adequate sleep which makes concentration difficult (NCST, 1996). This affects their studies and some eventually drop out of school.

Khat has been responsible for high school drop out in Khat growing areas (NACADA Coordinator standard 19th July 2005).

However, no research has been done on the effects of Khat consumption and abuse on males performance of their roles in the household, in Kenya. Mugambi (2005) researched on the effects of Khat growing and use on the education of male youth in Meru North District. She selected a number of secondary schools in Khat packaging centres in Meru North District. She based her research on the effects of Khat growing and use on the school drop out rate among the male youth in Igembe North District in the District, where she asked question on how Khat has contributed to school drop out rates among the male youth in the division.

She targeted youths of between 12-20 years old.

To collect the data she used two types of questionnaires; one type for the boys who were in the selected secondary schools and the other type for the ones already out of school. She also used interviews guide for key informants. She applied both qualitative and quantitative approaches to collect her data. She analysed her quantitative data through descriptive statistics and interpreted it using percentages, frequency distribution tables and chi-square.

Her findings were that Khat growing and consumption leads to high school drop out rates and poor performance among the male youths in Meru North District.

Other research done on Khat in Kenya is not in the filed of sociology but on health.

2.2.4 Conclusion

Drug and substance use and abuse in general affects both the individual and society. It increases morbidity, social exclusion and causes interpersonal problems and suffering. Moreover, drug abusers face a great risk of untimely death. Khat abuse inflicts damages and expenses on society at all levels. It leads to health care expenses, drug related control and crime. These are accompanied by indirect expenses for example, in the form of production losses. It is thus necessary to introduce a drug policy to ensure control of all drugs and especially Khat.

2.3 Theoretical framework

In this study, two theories will be used to explain the topic of study. The basic aim of science is theory. It aims at finding general explanation of natural events. Singleton et al (1998:24) says all empirical studies should be grounded on theory". This implies that they have to be conducted scientifically and should be empirically testable. Kerlinger et al (1964:11) defines theory as "a set of definitions and prepositions of interrelated concepts presented by specifying a systematic view of phenomenon by specifying relations among variables with the purpose of explaining and predicting the phenomena". This means that the very nature of theory lies in its explanation of observed phenomena.

Deviance behavior may be triggered by factors like social change and sudden economic crisis. Durkheim explains that those who have difficulties adjusting to the changes and pressure of life may turn against members of a given community and consequently members of a household. Some individuals may abuse drugs like Khat because of financial constraints, domestic problems as well as work related conflicts. They could seek solace in Khat chewing whenever they feel overwhelmed by challenges of life. The drug temporarily relieves their anxiety (Giddens, 2002). There are three types of deviance; biological, functional rebel and skewed.

Biological deviance

This is due to strain in the social system such as when the society's norms are not accommodative to all members of the society. For instance although Khat consumption (abuse) brings undesirable outcomes in the society and could be prohibited, it is affordable to the low income earners, breaking the rule against abuse of drugs (Khat). The poor desire to enjoy drugs just like those who might be more financially advantaged to afford legal and more expensive drugs. The growers or sellers on the other hand earn their living through the sale of Khat. The grower or seller is also forced by unemployment which is rampant in our society to grow and sell Khat though prohibited because somehow he/ she has to get some money for survival.

Skewed deviance

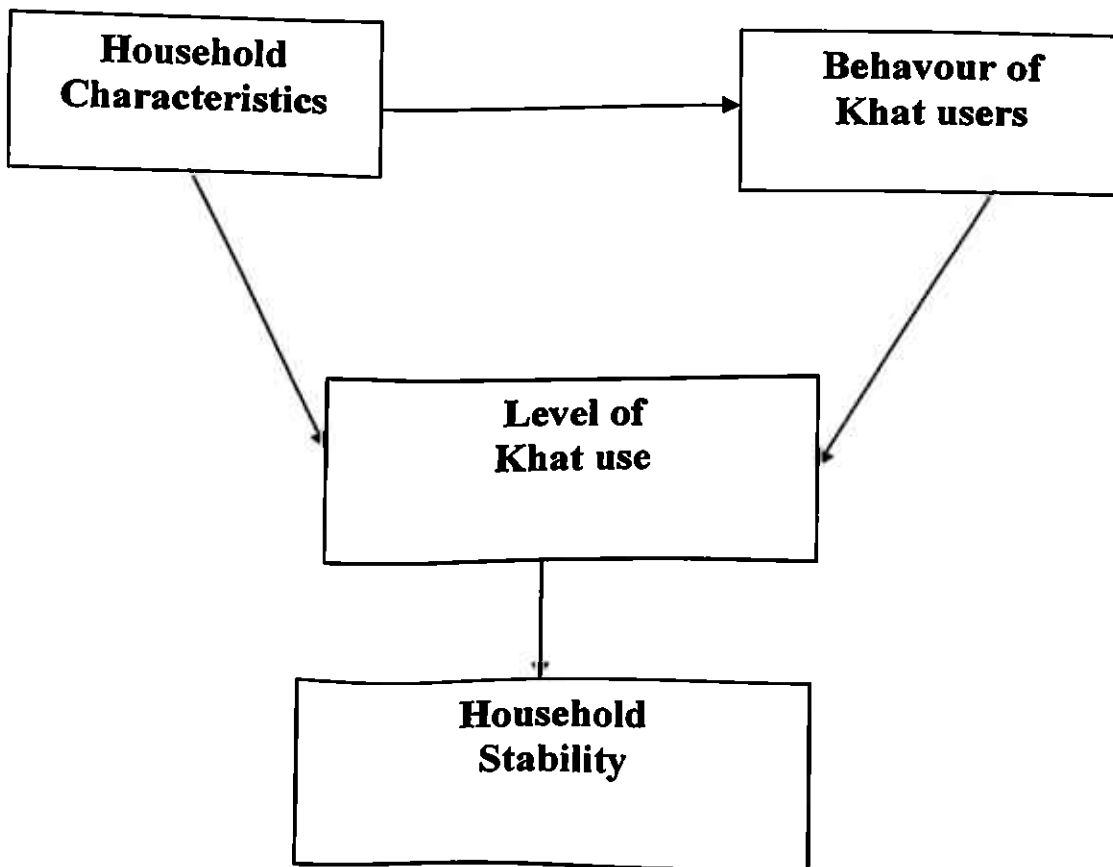
This is due to people being improperly socialized in a sick society. Children are exposed to drug (khat) abuse by their parents or caretakers whereby some of them send the children to buy Khat for them or they see their parents or caretakers keep the same in their houses. Some families live in environments where there is business in the sale of Khat or where it is grown. The exposure encourages Khat consumption and or abuse amongst children as they grow up and through such experiences they become future Khat abusers. This theory is useful in giving a counsellor a theoretical understanding of the possible causes of khat abuse and so assist one in counseling the victim and his family or associates.

2.4 Conceptual Framework

A model is an abstraction from reality that orders and simplifies our view of reality by representing its essential characteristics, (Nachamias and Nachamias, 1996).

Figure 1, illustrates the key factors and their link in this study. There are possible scenarios relating to Khat abuse by males, irresponsible behaviour and instability in households.

Figure A 1: A conceptual model showing how Khat abuse and other factors in turn leads to unstable households.



Home characteristics could affect an individual's behaviour either positively or negatively. In the home environment individuals learn how to behave. If there are problems in the household some individuals turn to anti-social behaviours like drug abuse. The problems could be in the form of conflicts, disagreements, poverty or poor upbringing among others. At times there are no problems and yet individuals develop bad behaviour.

Khat abuse leads to irresponsible behaviour and consequently to unstable households.

A₁ – B₁ – A₂ – C represents males who are affected negatively by household characteristics resulting to Khat abuse. Khat abuse leads to socio-economic problems like poverty, misunderstandings and conflicts. Due to these problems, the individuals result to Khat abuse as a way of trying to escape from the reality. The socio-economic problems lead to unstable households.

A₁ – A₂ – B₂ – C represents males who learn to abuse Khat due to home characteristics for instance poor upbringing and availability of the Khat. Khat abuse makes them develop irresponsible behaviour whereby they cease to fulfill their household responsibilities. They could also become unattractive to other household members. This in turn leads to unstable households which take the form of fights, disagreements, separation or divorce among others.

2.5 Operationalization of Variables

A variable is anything that can take on differing values. A dependent variable is that which the researcher is interested in explaining and predicting. The independent variable is that which explains or predicts changes in the dependent variables (Singleton, 1988).

Type of variables	Study variables	Variable indicators
Independent variable	Household characteristics	Marital status Education Occupation Number of members Income levels
Dependent variable	Khat use	Frequency in time Khat is used, Money spent on Khat, relations with other, sexual performance, personal hygiene and living standards
Independent variable	Male household responsibilities	Living standards stability / instability
Dependent variable	Stability of households	Residential unit Mental state Relationship with spouse Development of children in school

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines approaches and areas where the research was conducted and how data was obtained, analyzed and presented. Research design is the arrangement of conditions for collection and analysis of data in a manner that aims at combining relevance to research purpose with economy in procedure (Singleton et al, 1988). The section covers site description, sources of data collected and analysis.

3.2 Site Description.

Data were collected in Eastleigh area of Nairobi county. There are roads that connect it to other parts of Nairobi including Nairobi business centre, Gikomba, Kayole Mathare, Huruma and Kariobangi among others. Eastleigh is a busy business and residential area. It has a population of Multi ethnic culture. There are Somalis, Merus, Kambas, Kikuyus and other Kenyan tribes. There are also inhabitants from Somalia, Ethiopia and other countries. These communities especially the Merus and Somalis engage in thriving miraa business. At the same time these ethnic groups are good consumers of the product. These people most often live with their families in Eastleigh. There are other businesses like selling clothes, wholesale shops and food kiosks, restaurants and bars and others. Some of the businesses are carried out both day and night. The site was selected for research because of the miraa (khat) business there. The consumers of miraa (khat) and their family members were good sources of information. The area was also accessible.

3.3 Sources of Data.

The study used primary sources of data. It applied both qualitative and quantitative techniques of data collection.

The target group from which primary data was collected was adult males from households in Eastleigh who consumed khat. Other household members of males who consumed khat were also interviewed. Key informants (the area chief and the assistant chief) were also sources of information.

3.4 Target population

Brinker, (1998) says that “a target population is defined as the whole or large population from which a sample is to be selected” it is thus a small proportion of a population selected for observation and analysis. In this study the target population was adult males who consumed khat and other household members from Eastleigh sections 1, 2, 3 and 4.

3.5 Unit of Analysis.

According to (Singleton 1993:24)

“A unit of analysis is the entity about which a researcher gathers information”.

In this study the unit of analysis was khat consumption by males and its effects on the stability of their households.

3.6 Unit of Observation.

Singleton, (1993) says that units of observation are people who are placed in strategic positions as a result of having data pertinent to the research. The household members of khat consuming males and the male khat consumers themselves served as sources of information. The area chief and assistant chief served as key informants.

3.7 Sampling and sample size

Sampling is defined as the process by which a relatively small number of individuals object and events are selected and analyzed in order to find out something about the entire population which is selected (singleton et al, 1988). The study was carried out in Eastleigh sections 1, 2, 3 and 4 because there is thriving khat business there. The study combined both probability and non probability sampling to obtain its population.

3.8 Sampling Techniques

In order to select the males who consumed khat purposive sampling was employed. Purposive sampling is a procedure where one selects a sample on the basis of one's knowledge of the population.

Eastleigh is divided into four sections. Twelve (12) households were selected purposively from each of the four (4) sections and one male from each household who consumed khat was interviewed. Twelve households were chosen from each section. The researcher visited the households to do the interviewing. There were three sets of questionnaires; forty eight (48) for the male respondents who chewed khat, fifteen (15) for the other members of households of the male respondents who chewed khat and interview guide for key informants. Only one male from each household was interviewed. The other household members were picked randomly. Only one from each household was interviewed. The key informants (the Eastleigh area chief and assistant chief) were visited by the researcher in their offices and asked questions using the interview guide for the key informants.

3.7.2 Key informants

The area chief and assistant chief served as key informants.

3.8 Data collection and analysis.

This helps in determining the statistical or descriptive association and explanations. The functions of statistics are to enable a researcher to make possible inferences from characteristics of a sample. This study used descriptive statistics to analyze the data.

Quantitative data was analyzed through descriptive statistics. Baker, (1994) says that “descriptive statistics refers to simple methods which do not support or falsify a relationship between two variables, but simply help in description of data”. These procedures were used to help the researcher to understand the data after collection. The data was interpreted using percentages, distribution tables and pie charts.

CHAPTER FOUR

4.0 DATA PRESENTATION

4.1 Introduction

In this chapter quantitative data is the information presented in terms of diagrams. It is the information which was collected from the respondents' responses to the questions in the interview schedule. Qualitative data represents the opinions expressed by the respondents and observation by the researcher. In this study, both the quantitative and qualitative data are addressed simultaneously.

4.2 Characteristic of Households of Khat Users

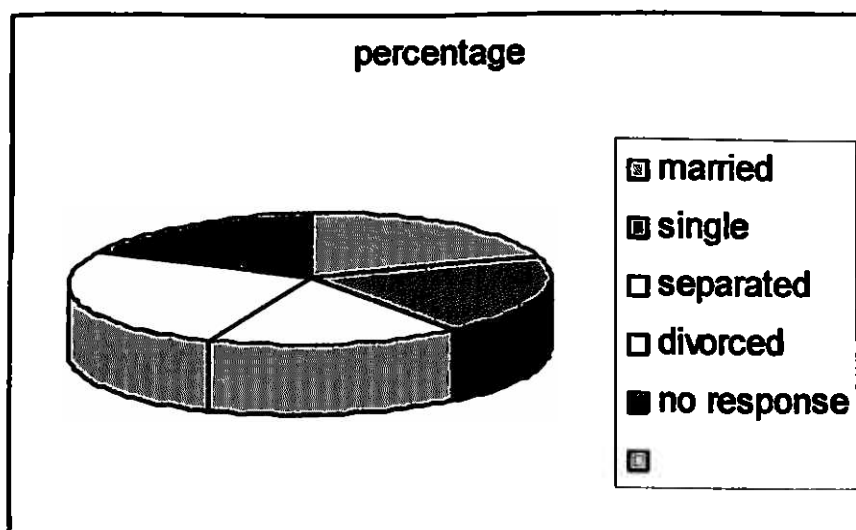
The first objective of this study was to highlight how household characteristics led to khat abuse by males in Eastleigh.

The characteristics were: marital status, education, occupation, number of members of households and income levels.

4.2.1 Marital Status of the Male Respondents

Among the respondents who gave their marital status about 20% of them were married, 20% were single, 17% were separated from their spouses and 26 % were divorced.

Figure 1: Distribution of the male respondents according to their marital status

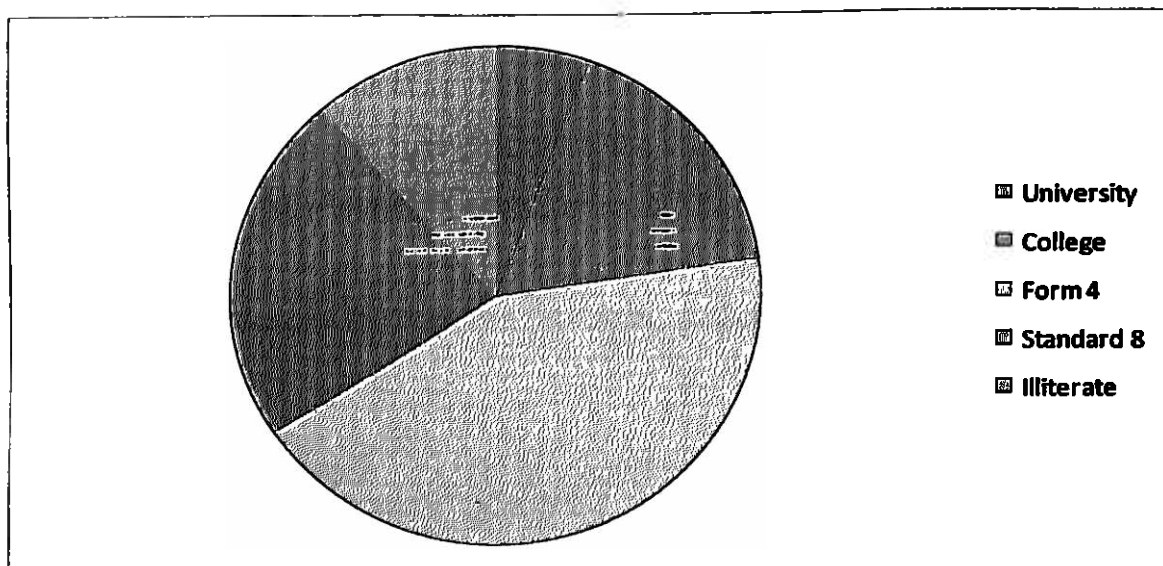


Married men are considered mature and normally given freedom to do what they want with their lives. Some may have resulted to chewing khat because of permissiveness. At times the married men may differ with their spouses and as such engage in chewing khat as a way of escaping from their problem (s). Those who were divorced or separated could also be encouraged by frustrations in their households to chew khat. The single and single parents could also chew khat since they have no attachment with spouses who could prevent them from doing it.

4.2.2 Level of education

The respondents were asked to give their highest level of education. About 35 of them responded to the question as follows: about 5.7% reached university level, about 17.1% reached college level, about 42.9% reached form four, about 22.9% reached standard eight and about 11.4% did not go to school. (figure 2)

Figure 2: Distribution of the male respondents according to their levels of education



It was clear that most of respondents have low education levels. This means that they lacked enough knowledge to help them avoid dangers like drug abuse. Low education

level could be as a result of poverty or being in no need of going to school. Some respondents may have found themselves victims of khat abuse.

4.2.3 Occupations

Of the 40 male respondents who gave their occupation; approximately 52.5% were businessmen, about 10.5% were bankers, about 4.2% were teachers, about 10.5% were labourers and about 6.3% were jobless.

Table 1: Distribution of the male respondents according to their occupation

Occupation	Number of respondents	percent
Business men	25	52.5 %
Teachers	2	4.2 %
Bankers	5	10.5 %
Labourers	5	10.5 %
Jobless	3	6.3 %
No response	8	16.8%
Total	48	100%

Many respondents could have been encouraged to chew khat by the fact that they were businessmen. This is because they were not under anybody and hence controlled their time as they wished. Availability of money could also have encouraged them to chew khat. Some of them were also khat dealers and chewed as they sold. In other occupations the males were busy and also could have lacked enough money to purchase khat. Some of them were also more learned and informed so they knew how to control and organize themselves.

4.2.4 Number of the Household Members

Only 36 respondents answered the question about members of their households. Nearly 25% had more than five members in their households, about 19% had 4 members, about 19 % had 3 members, about 6 % had 2 members and about 6 % had 1 member. (Table 2)

Table 2: Distribution of the male respondents according to the number of household members

No. of members	Number of respondents	Percent
More than 5	12	25 %
4	9	19 %
3	9	19 %
2	3	6 %
1	3	6 %
No response	12	25 %
Total	48	100 %

Those from households with many members could have been chewing khat as a means of avoiding their responsibilities since taking care of a large family is not easy. There could also have been misunderstandings between them and their household members because of financial constraints making them to turn to chewing khat for consolation. Some respondents also may not have liked responsibilities and a good number of them may have gone away from home to avoid being disturbed. This could have made some of them turn to chewing khat. Some from those with few household members could have been chewing khat because they were not very committed financially.

4.2.5 Levels of income

Of the 48 respondents who answered the questions, about 31 % of them indicated that they earned over fifty thousand Kenya shillings per month, about 31 % indicated that they earned between Kenya shillings thirty thousand and fifty thousand, about 21 % earned between Kenya shillings ten and twenty thousand and 17 % earned below Kenya shillings ten thousand.

Table 3: Distribution of the male respondents according to their income levels

Income per month	Number of respondents	Percentage
Over Ksh 50,000	15	31 %
Between ksh 30,000 – 50,000	15	31 %
Between Ksh. 10,000 – 20,000	10	21 %
Below Ksh.10,000	8	17 %
Total	48	100%

These responses indicate the number of khat users rose with the rise in earnings per month. As such high income levels could have encouraged males to chew khat. Poverty related problems could also have encouraged those with low income levels to chew khat.

Key informants were also in agreement that there is khat abuse in Eastleigh and that household characteristics encouraged the respondent to chew khat.

Conclusion

The above findings prove beyond reasonable doubt that household characteristics such as marital status, level of education, occupation, number of members in household and income levels encouraged respondents to chew khat.

As such the above household characteristics could be blamed for causing most males to chew khat.

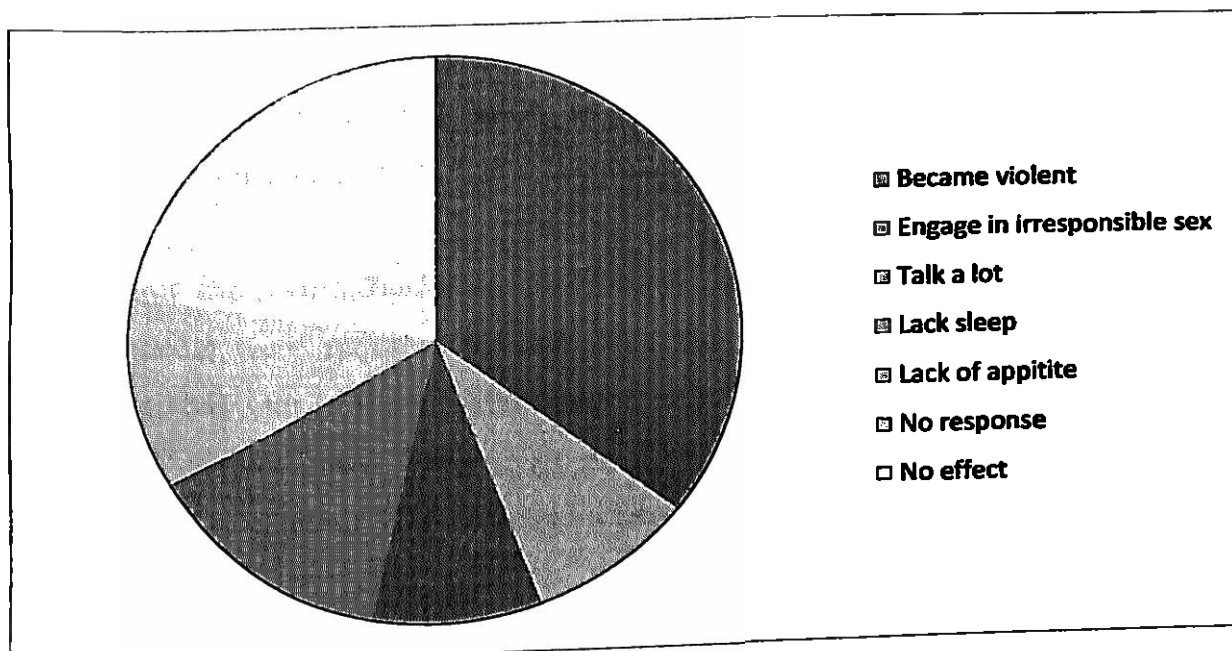
4.3 Effects of khat Use

The second objective was to highlight how failure by khat using respondents to fulfill their household responsibilities leads to instability in households in Eastleigh. The variable indicators were living standards and stability/ instability of households.

Of the 48 respondents approximately 11.1% of them did not respond to the above question. About 22.2% indicated that they did not experience any changes, about 17.8% reported that they became violent, approximately 17.8% engaged in irresponsible sex,

approximately 8.89% lacked sleep, about 13.3% lost appetite and about 8.89% talked a lot.

Figure 3: Distribution of the male respondents on the basis of their experiences after chewing khat.



These responses indicate that khat use affects most respondents negatively, hence making them unable to make rational decisions and to fulfill their household roles.

When a family member becomes violent to others, this is a problem because they cannot approach him and hence he fails to play his role of taking care of their welfare. They live in fear of him and also cannot approach him even for help. Engaging in irresponsible sex is very dangerous and leads to multiple-problems. This is unfaithfulness to spouses some of whom may opt for divorce hence destabilizing the family. It could also lead to death due to sexually transmitted diseases. Lack of sleep is a problem not only to the males who chew khat but also to other family members especially their spouses. When one fails to sleep, he cannot play his household roles properly because his brain cannot work well. It could also make a husband absent from the bedroom when his wife's needs him for sexual satisfaction or to discuss family matters so wives become sexually dissatisfied and

also there is breakdown of communication between the male and his wife which would bring other problems in the family. Lack of sleep would also make the males disturb other family members' sleep. Some could overwork their wives sexually in search of sleep or in order to keep themselves busy. Others demand for their wives company. This could bring disagreement and fights which make households unstable. Lack of appetite could make the males not to eat whereby they become weak and cannot perform their roles properly. Lack of appetite could also make the males have problems like stomach ulcers hence making the households unstable by affecting the budget of the family because they require money for medication. A sick man cannot offer security to the household members so it is failure to play his roles, which makes household members emotionally unstable.

4.3.1 How the respondent related to family members after chewing khat

Respondents were required to state how they related to their family members after chewing khat. Out of the 48 who were interviewed, approximately 23 % stated that they did not experience any changes. About 4 % became approachable, approximately 31% became irritable, about 31% became violent and about 11 % did not like talking.

Table 4: Distribution of the male respondents on how they related to family members after chewing khat.

Effects	Number of respondents	Percent
Hate talking	5	11 %
Become violent	15	31 %
Become irritable	15	31 %
Become approachable	2	4 %
No effect	11	23 %
Total	48	100%

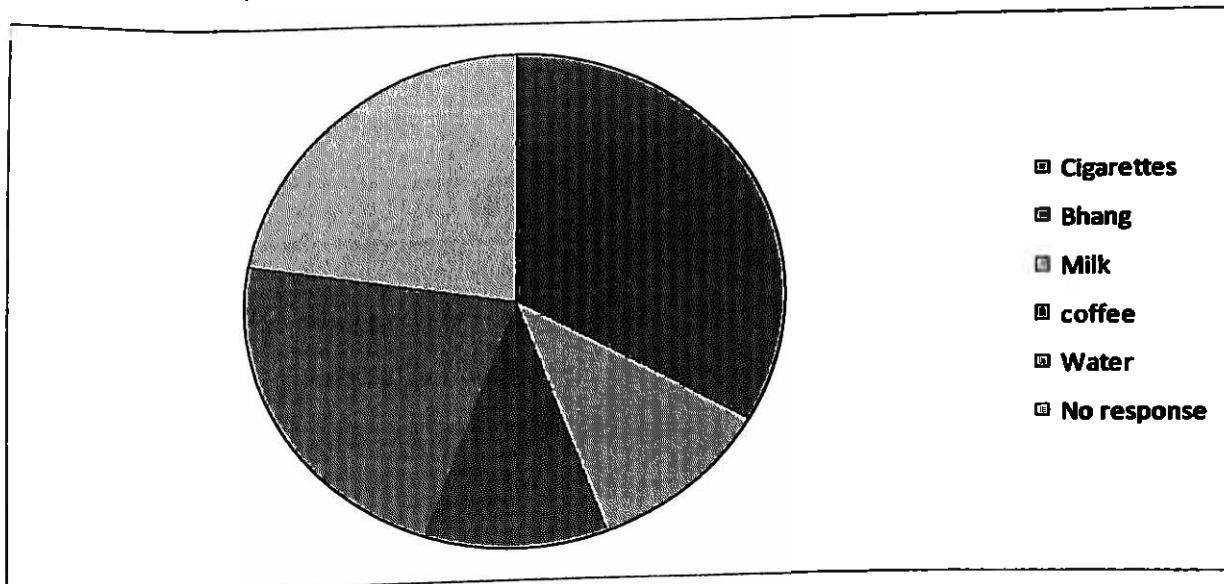
These are negative effects on the males and other household members since they make them unsociable.

A husband, father or brother who becomes irritable when other household members are with him or approach him is undesirable and could use that as a means to prevent himself from fulfilling his roles in the family. So is the same with those who became violent. A husband who cannot talk to his wife risks losing her to other men thus destabilizing the family. When children are brought up in an environment where they only know violence and tension they become emotionally unstable and may develop complications requiring medication.

4.3.2 Other drugs/substance(s) used with khat

Of the 48 respondents who answered the question asking what other drugs/substance(s) they used with khat. Approximately 22.2% indicated they smoked cigarettes, approximately 11.1% smoked bhang, about 11.1% took coffee and approximately 11.1% took water.

Figure 4: Distribution of the male respondents according to other drugs/substance(s) they used.



These affect household members by draining finances. They also bring health dangers to the individuals like in the case of smoking cigarettes and bhang. Individuals could get lung cancer because of cigarette smoking. Smoking of bhang could also lead to mental

disturbance. The respondents sacrificed the time and money they should be giving to their household members to purchase and consume these drugs and substances.

In addition a sick person cannot fulfill his responsibilities like offering security. Sick ones drain the households more as they need money for medication.

4.3.3 Antisocial activities associated with khat abuse.

Out of the 40 respondents who answered the question on anti-social activities approximately 10.5 % indicated that they took alcohol, about 21.2% smoked cigarettes. About 23.1% engaged in sex abuse, about 10.5% engaged in stealing and 18.9% used abusive language.

Table 5: Distribution of the male respondent on the basis of their antisocial activities associated with khat abuse.

Activity	Number of respondents	Percent
Smoke cigarettes	10	21.2%
Take alcohol	5	10.5 %
Abuse sex	11	23.1 %
Use abusive language	9	18.9 %
Engage in stealing	5	10.5
No response	8	16.8
Total	48	100%

These worsen the situation of the khat user and that of his other household members emotionally and financially. There is also the risk of contacting sexually transmitted diseases by the respondents and their spouses.

4.3.4 Reasons why wives minded their husbands chewing khat

Out of the fifteen other members of the households of the male respondents, eight married women answered the question why they minded their husbands chewing khat. Two of them cited sexual dissatisfaction by their husbands. Three of them indicated that their husbands became unhygienic because of chewing khat. Two indicated that their

when their husbands chewed khat they bartered them, and one indicated that her husband failed to fulfill his financial duties in the household because of chewing khat.

Table 6: Distribution of respondents according to the reasons why wives mind their chewing khat.

Reason	Number of respondents	Percent
Does not satisfy me sexually	3	20 %
Is unhygienic	2	13 %
Barters me	2	13 %
Does not fulfill financial duties	1	7 %
No response	7	47 %
Total	15	100%

Sexual dissatisfaction could be both physical and emotional. If husbands are away from home or from their spouses for a long time it could mean that they do not have time to have sex with them. Women also require loving words from the men they love (husbands). If some men become violent, irritable and do not like talking when under the influence of khat the implication is that they fail to satisfy the emotional needs of their wives. This could lead to unfaithfulness on the part of the women who could go out of marriage in search of what their husbands cannot give them. Unfaithfulness could lead to sexually transmitted diseases, death and divorce among others. These make households unstable. Modern women are not like traditional ones who used to believe that being beaten by husband is a sign of love. As such when women are bartered they are physically and emotionally unstable and fail to be good wives and mothers. Some may even come out of their marriages. Taking the problem of unhygienic husbands into consideration, there is much to reckon with. When males fail to bathe, change their clothes or brush their teeth, their bodies and clothes smell of sweat and dirt. Their teeth get stained and their breath stinks. Khat itself has a certain aroma which some women may not like or enjoy. When one stays in shoes and socks for many hours both the shoes and socks smell badly. Such a person becomes very unattractive and living with him

could be a torture for the women. Such a situation led to other problems which destabilized the household even more.

4.3.5 Types of Accommodation of the Male Respondents

The respondent gave their type of accommodation as follows:

Approximately 72% lived in rented accommodation, about 11% lived in their own houses and approximately 17 % did not respond to the question.

Table 7: Distribution of the male respondents according to their accommodation

Type of accommodation	Number of respondents	Percent
Rented	35	72%
Own	5	11%
No response	8	17%
Total	48	100%

These responses indicate poor development because very few respondents have their own accommodation. This poor development could be blamed on khat abuse whereby the males fail to develop and spend money for household development on the purchasing khat.

4.3.6 Male Respondents who had access to electricity in their accommodation

Approximately 17 % respondents did not respond to that question. About 51.8% had access to electricity. About 31.2 % did not have access to electricity.

Table 8: Distribution of the male respondents who had access to electricity in their accommodation.

Response	Number of respondents	Percent
Yes	25	51.8 %
No	15	31.2 %
No response	8	17 %
Total	48	100%

Electricity is a vital requirement and many people can afford it. A good number of household in Eastleigh did not have access to electricity. This lack of electricity could be blamed on khat abuse by the respondents.

4.3.7 Access to tapped water

Of the 40 respondent who responded to the question, approximately 46.2 % had access to tapped water and 44.1% did not have access to it.

Table 9: Distribution of the male respondents who had access to tapped water.

Response	Number of respondents	Percent
Yes	22	46.2 %
No	21	44.1 %
No response	5	9.7 %
Total	48	100%

Water is a basic necessity. According to the respondents many households did not have access to tapped water. This could have been as a result of khat abuse by the males who spent family funds on purchasing the khat and forcing their families to live in bad conditions.

4.3.8 Male Respondents' Expenditure on Khat Per Day

Approximately 21% of the male respondents spent below Kshs.500 per day. About 21% spent between Kshs.550 – 700 and approximately 52 % spent above Kshs.1,000

Table 10: Distribution of the Male Respondents' Daily Expenditure On Khat

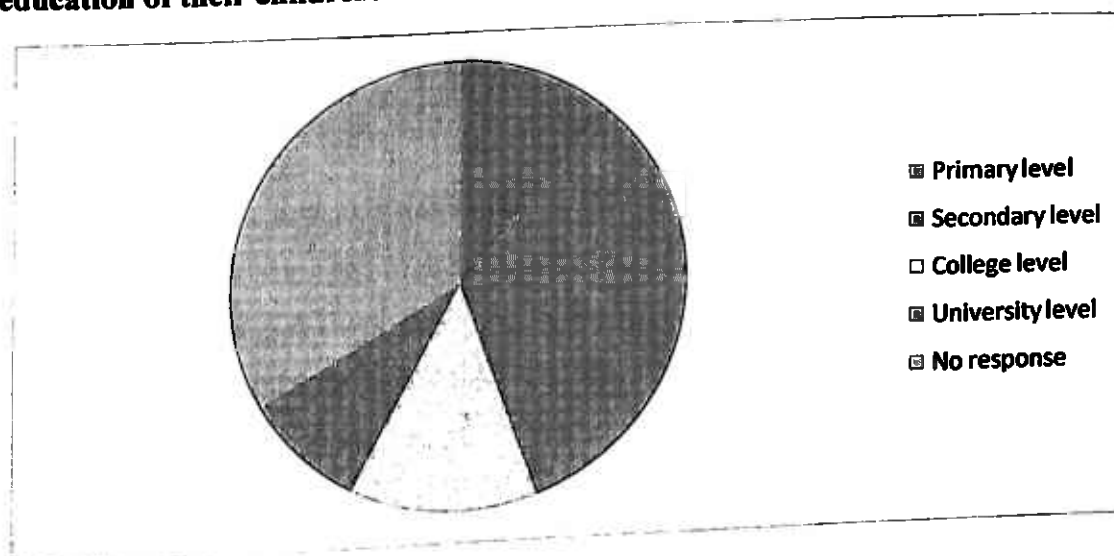
Expenditure	Number of respondents	Percent
Below Kshs. 500	10	21 %
Kshs. 550 - 700	10	21%
Above Kshs.1,000	25	52 %
No response	3	6 %
Total	48	100%

A lot of money was spent on purchasing of khat. This could be termed as misuse of family funds on purchasing khat other than taking care of family needs.

4.3.9 Highest level of education of children of the respondents

The respondents were asked for the highest levels of education of their children. Approximately 33.33% of them did not respond to that question. About 11.11% indicated primary level, about 33.33% indicated secondary level, about 13.33% wrote college and, approximately 8.89%, wrote university.

Figure 5: Distribution of the male respondents according to the highest levels of education of their children.



Low education as portrayed by these responses may have hindered development in the household and consequently to the whole society.

Members of households who have low education levels cannot compete for job opportunities with others who have reached high levels. Thus they could lack jobs and fail to support themselves and their household members.

4.3.10 Socio -economic problems associated with khat chewing

Among other members of the male respondents households five women gave the socio – economic problems associated with khat chewing. They answered the question as follows: 2 indicated low economic development, one indicated low education level, one indicated loss of job and one indicated absenteeism from job.

Table 11: Distribution of socio -economic problems noted by a few women associated with khat chewing.

Problem	Number of respondents	Percent
Low economic development	2	13 %
Low education level	1	7 %
Loss of job	1	7 %
Office absenteeism	1	7 %
	10	66%
Total	15	100%

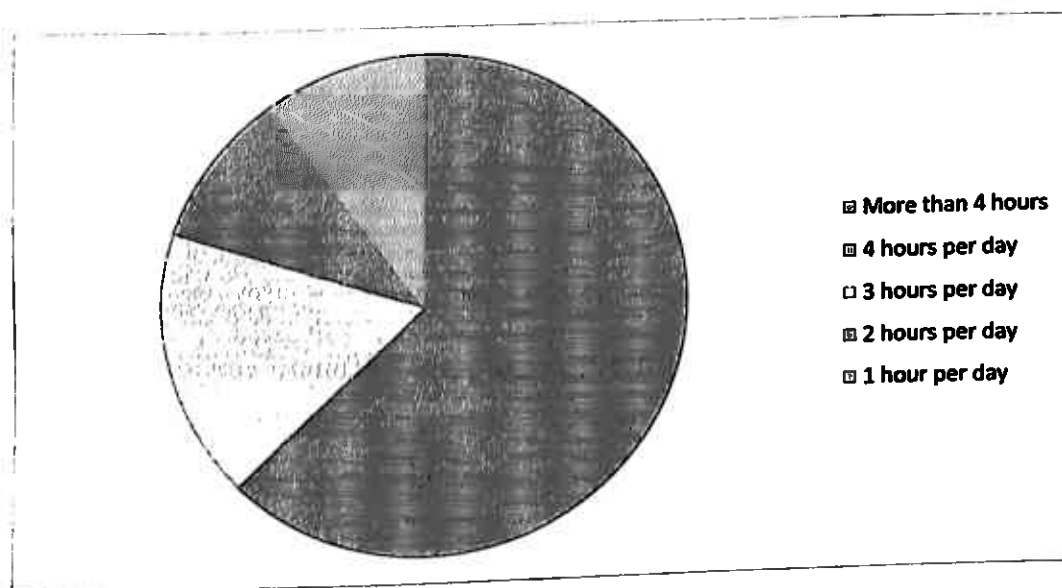
Lack of development in households could have meant that the members remained or became poor. Loss of job by respondents' heads of households would lead to failure to fulfill their financial responsibilities leading to instability ranging from lack of basic needs to other problems like conflicts, separation and divorce among others.

Key informants also supported this report.

4.3.11 Hours Spent By the Male Respondents On Chewing Khat.

The respondents were asked to indicate the number of hours they spent on chewing khat. Of the 48 who responded to the question, approximately 37.5% chewed khat for more than four hours per day, 25% chewed khat for four hours per day, about 17.5% chewed khat for three hours per day, 10% chewed it for two hours per day and 10% for one hour per day.

Figure 6: Distribution of the respondents according to hours spent on chewing khat.



Household characteristics could have enhanced this behaviour. For instance where there was permissiveness on individual could have engaged in chewing khat for many hours. Problems at home like poverty, misunderstandings, quarrels, fights, divorce and separation could also have made an individual do it in search for comfort.

4.3.12 Problems experienced by other household members

Among the fifteen other household members from each of the respondents' households ten gave the problems they experienced in their households. Three indicated lack of proper basic needs, one indicated poor education, 2 indicated that they were being bartered, three indicated lack of communication and one indicated no problem.

Table 12: Distribution of the respondents according to the problems experienced from their male respondents who chewed khat.

Problem	No. of respondents	percentage
Lack of proper basic needs	3	20 %
Poor education	1	6 %
Bartering	2	13 %
No communication	3	20 %
No problem	1	6 %
No response	5	35 %
Total	15	100 %

These problems could be blamed on the respondents' habit of chewing khat. Lack of proper basic needs and poor education could have meant there was poverty which could have resulted from misuse of family funds on purchasing khat. Bartering could have been as a result of effect of chewing khat by respondents where by they could have become violent and attacked them.

Lack of communication could have been as a result respondents' absence from home for long hours because of chewing khat or as a result of the effect of chewing khat by the respondents who were then not able to communicate. Where there was no problem the respondent (s) could have been able to contain himself or themselves and behaved well. The Eastleigh area Chief and Assistant Chief reported key informants reported that most of the males who chewed khat in Eastleigh acquire it through purchasing. This could have destabilized the households financially because they could have been using family funds to do it and this could have resulted in poverty, conflicts, separation and divorce among others.

They also cited the problem of HIV/Aids which has become a National disaster leading to many deaths and orphanage. They reported that khat abuse had played a great role in enhancing this problem. The sick require medication and special diet which could cost the household members a lot of money thereby destabilizing them even more. Members become emotionally disturbed when they lose loved ones.

Funerals for their dead household members also cost them a lot of money and time. In addition they mentioned irresponsible parenthood as a result of khat abuse which leads to ill – mannered members of households who also destabilized their households by their bad behavior.

4.3.13 Observations When Collecting Data

When carrying out this study, the researcher observed that when the male khat users talked to their colleagues, most of them used abusive language unlike the non-users. This appeared to be normal because most of those around them did not look alarmed. This gave evidence that khat use affects the males negatively.

Most of them had uncombed heads, dirty clothes and stained teeth implying that they were involved in khat chewing so deeply that they had no time to clean themselves. Alternatively, it could have been due to the effect of khat in their brains that made them see no need of grooming themselves. There seemed no closeness between the males and their wives. This could be evidence that they were not used to staying or sharing together. Most of them seemed to command their wives rather than make requests. Some of the males also looked physically weak which could be symptoms of ailment or as a result of poor feeding habits.

Some of their children looked untidy, shy and withdrawn. This could imply that their living conditions were bad both physically and socially. It could be they did not experience proper parental love. Most of them lived in rooms and not self contained houses implying poverty and underdevelopment. A good number of them were khat

dealers and reported low levels of education. This could mean that khat influence makes males not to be development conscious hence not to see the need for better or higher levels of education.

Some of them did not look friendly and failed to answer questions which touched on personal issues. They were withdrawn which could have come as a result of khat effect. They kept on chewing khat as they went about their business meaning chewing khat had become an habit. Some of the women in the area looked unhappy and irritable which could have been as a result of dissatisfaction with their khat abusing husbands.

Conclusion

The above findings indicate that chewing of khat made most of the males to portray irresponsible behaviour and failed to fulfill their household responsibility. This affected the other household members negatively leading to instability. Thus one would say that a khat abuse can be blamed to large extent for instability in households in Eastleigh.

CHAPTER FIVE

5.0 SUMMARY OF THE FINDINGS, DISCUSSIONS , CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes and draws conclusions from the findings, makes recommendations and highlights areas for further research.

The aim of the study was to establish the relationship between khat abuse and performance of household roles by males in Eastleigh estate in Nairobi.

5.2 Summary of the findings

The findings revealed that household characteristics led to khat abuse by males.

The household characteristics included marital status, level of education, occupation, number of members in the household and income levels of the males. Married males were encouraged by pressure from their partners and other problems in the household to chew khat.

The partners' presence could also prevent others from chewing it. Unmarried, separated, divorced or single parents males could be encouraged by loneliness, frustrations and lack of family ties and commitment to chew khat. About 32% indicated that married men chewed khat while 68% comprised of the single males, single parents the separated and the divorced respondents.

Males who chewed khat indicated low levels of education. Only 22.8% of them went beyond form four this could imply that low education level encouraged males to chew khat. Males with occupation which allowed freedom tended to chew khat more than those with occupations that tied them up for more hours or those employed by other people. Business men comprised of 52.5%. The findings indicated that the highest percentage of males who chewed khat hailed from households with many members. About 63% of males came from households with more members. They could have been doing it to

escape from the problems arising from responsibilities in large families so size of households led to khat chewing.

About 62% of males who chewed khat had high income while only 38% comprised of those with low income. Those with high income could have been chewing khat because of availability of money. Those with low income could also have been doing it because of poverty related problems.

The findings also revealed that failure by the males to fulfill their household responsibilities because of chewing khat led to instability in their households.

Nearly 73% of the males who chewed khat experienced negative feelings which made them relate badly with other household members.

About 82% of them engaged in anti – social activities. While about 57% of them took other drugs and substance with khat. About 53 % of the women responded reported irresponsibility by their husbands after chewing khat.

Also key informants indicated that males become irresponsible in their households after chewing khat. The findings indicated that 72% of the males who chewed khat lived in rented accommodation. Only about 57.8% had access to electricity and 46.2% had access to tapped water. About 73% of the male respondents spent high amount of money on purchasing khat and on about 23% of the children of the male respondents had gone beyond form four, about 59% of other household members recorded problems which could be associated with irresponsibility by the males who chewed khat.

Key informants also reported that instability in households in Eastleigh could be attributed to a large extent by the failure of the males who chewed+ khat to fulfill their household responsibilities.

5.3 Conclusion

Khat abuse has done and is still doing a lot of harm to the household and the society as a whole. Many individuals are suffering quietly with little or no help. A lot more should be done to reveal the reality of khat as a drug being largely abused and to save households and society from being destroyed further. Nevertheless, while considering khat as a dangerous drug to be dealt with seriously, khat abuse should not be looked at as the only

bad behavior in men and cause of instability in households because some chew khat and are able to go on well with their family and the society.

The males who chewed khat were involved in criminal acts and thus could have been risking being arrested thus depriving their households of husbands, fathers, brothers and sons. In addition household members could have been required by the law to spend money on paying fines for the males who commit crimes. This could have been made them lack some of their daily requirements.

5.4 Recommendations

5.4.1 Recommendations Policy and Action

The Ministry of Education should introduce rules that force all parents to take their children to school. The ministry should also make education affordable by all at all levels.

Marriage counselors should intensify counseling sessions to counsel married people and those intending to marry so that they can care about their marriages and families. They should teach them the meaning of marriage and how to handle each other in marriage.

Church leaders should play their roles properly. They should act as role models. They should condemn evils like drug abuse, sex abuse, rape, separation and divorce. They should preach reconciliation and forgiveness to those affected.

The government should build homes for orphans of khat abuse victims. It should introduce programmes to rehabilitate drug addicts and also to advice the relatives of those affected either directly or indirectly to be able to live and cope with the problem.

5.4.2 Recommendations for Further Research

Effects of khat related activities on the boy child

Role of khat related activities in enhancing crime

Contribution of khat abuse on moral decline

Effects of khat consumption on husband-wife relationship

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APPENDIX 1
INTRODUCTION LETTER

Dear Respondents,

I am Rosana Thuraira, a student from the University of Nairobi pursuing an M.A degree in Sociology, counseling.

I am carrying out research on the effects of Khat consumption and abuse on the males, performance of their roles in the households in Eastleigh Estate of the city of Nairobi.

Your sincere responses will be very vital in assisting me to complete this study. The information provided will be held in confidence and will only be used for the purposes of this study.

Thank you in advance.

APPENDIX II
QUESTIONNAIRES

Dear Respondents,

I am Rosana Thurania, a student from the University of Nairobi pursuing an M.A degree in Sociology, counseling.

I am carrying out research on the effects of Khat consumption and abuse on the males, performance of their roles in the households in Eastleigh Estate of the city of Nairobi.

Your sincere responses will be very vital in assisting me to complete this study. The information provided will be held in confidence and will only be used for the purposes of this study.

Thank you in advance.

Questions for male Khat consumers

Please answer all questions

Don't write your name on the questionnaire

1) Household characteristics

- a) Age _____ years.
- b) Religion _____.
- c) Nationality _____.
- d) Marital status _____.
- e) No. of children if married _____
- f) Level of Education of:
Self _____
Children (if married)

g) Occupation

2) Khat use

Level of Khat consumption

(a) How many hours per day do you chew khat?

(b) What are your reasons for chewing Khat?

(i) To socialize

(ii) To relieve tension

(iii) To gain identity

(iv) Any other (specify) _____

3. Behaviour of khat users.

c) What is your experience after chewing Khat?

i. Lack of appetite

ii. Lack of sleep

iii. Talk a lot

iv. Become quiet

v. Building castles in the air

vi. Any other (specify) _____

d) How do you relate with family members after chewing Khat?

- i. Become approachable
- ii. Became violent
- iii. Become irritable
- iv. Become uncooperative
- v. Any other (specify) _____

e) Apart from Khat, what other drugs / substances do you take?

- i)
- ii)
- iii)
- iv)
- v)
- vi)

f) What antisocial activities would you associate with Khat Consumption?

g) What other problems would you would associate with Khat consumption?

3. Family stability

a) What kind of accommodation do you live in?

i) Own

ii) Rented

b) Do you have access to electricity?

i) Yes

ii) No

c) Do you have access to tapped water?

i) Yes

ii) No

d) What is your expenditure per head per day?

Kshs

e) What is the highest level of education of your children

Primary level

Secondary level

College

University

Thank you for your cooperation.

APPENDIX III

Dear Respondents,

I am Rosana Thurania, a student from the University of Nairobi pursuing an M.A degree in Sociology, counseling.

I am carrying out research on the effects of Khat consumption and abuse on the males, performance of their roles in the households in Eastleigh Estate of the city of Nairobi.

Your sincere responses will be very vital in assisting me to complete this study. The information provided will be held in confidence and will only be used for the purposes of this study.

Thank you in advance.

Questions for other household members

Age _____ years.

Religion _____ years.

Nationality _____

Marital status _____

No. of children if married _____

Occupation _____

(a) What is your relationship with your male (s) household member or members who chew khat?

Husband Brother

Any other (specify) _____

(b) Do you mind him chewing Khat?

Yes No

(c) If yes, why? (Specify)

e) What socio-economic problems would you associate with Khat chewing?

Thank you for your cooperation

APPENDIX IV

Dear Respondents,

I am Rosana Thuranira, a student from the University of Nairobi pursuing an M.A degree in Sociology, counseling.

I am carrying out research on the effects of Khat consumption and abuse on the males, performance of their roles in the households in Eastleigh Estate of the city of Nairobi.

Your sincere responses will be very vital in assisting me to complete this study. The information provided will be held in confidence and will only be used for the purposes of this study.

Thank you in advance.

INTERVIEW GUIDE FOR KEY INFORMANTS.

1. Do you have cases of Khat abuse in the area?

2. How do the males acquire the Khat they chew?

3. What measures do you think could be taken to curb Khat abuse by males?

4. In your view what are the effects of Khat abuse on males' performance of household roles?

5. What are some of the anti-social behaviours portrayed by Khat abusing males?

6. Do the household characteristics have any part to play in leading to Khat abuse by males?

7. What are some of the socio-economic problems associated with khat abuse by males in the area?

8. Single out various ways in which Khat abuse by males has led to household instability.

Thank you for your cooperation