

THE SOCIO-ECONOMIC FACTORS RELATED TO KIAT  
USE AND ABUSE IN GARISSA (KENYA)

BY

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A thesis submitted in part fulfilment for the  
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ABSTRACT

The subject of this study was *Catha edulis* (Forsk), or Khat as it is popularly known. Khat is a plant that is widely used as a stimulant drug in many parts of Eastern Africa and the Middle East. Khat is a controversial drug in that there are many arguments as to whether or not it should be categorized amongst the dangerous abused drugs, like alcohol, *cannabis sativa*, cocaine and others.

The study had a number of objectives which included:

- (i) To give a general description of the extent and patterns of khat use, abuse (if any) and khat trade in a particular part of Kenya;
- (ii) To identify persons who are negatively affected by khat use and abuse and the kinds of problems they have;
- (iii) To find out what leads to khat use and abuse, and finally,
- (iv) To identify possible solutions for khat abuse problems.

The data collection was guided by a number of questions and by specific hypotheses. From these questions and hypotheses, research questionnaires were formulated and these were administered to specially

chosen sample populations. Other methods of data collection used in the study were participant observation, case-studies, available data and informal discussions.

The findings showed that khat is indeed an abused drug used by a wide section of the community under study and that this use is on the increase. Khat trade was also discovered to be a booming and lucrative one. The findings also showed that khat use could directly or indirectly be associated with a wide variety of socio-economic problems. The problems identified are manifested more intensively in some specific groups of people; however the ill-effects of khat use and abuse indirectly permeate the whole society.

The study showed that the major cause of the widespread use and abuse of khat can be understood only in the light of the disturbances that are associated with rapid social and economic change. Rapid social change has had numerous unsettling effects on many African and other societies in the last century. These societies find great difficulty in adapting to the new social and economic trends and what results is a disarray of the traditional cultures. The inevitable results seem to be things like aimlessness, undefined goals in life, lack of direction and behaviours like vagrancy, alcoholism

and drug abuse. Factors that enhance khat and other drug use are the very easy availability of the drugs and the modern living arrangements, for example, social density (urbanization) of the users.

In making recommendations for the solution of khat abuse problems, it was taken into consideration that the problems are deeply embedded in the society and thus the solutions must be informal and must be conceived with the society in question in mind. The problems themselves are two dimensional - first there is the problem of the khat abusers themselves and secondly the particular conditions and structures they find themselves in. The rectification of the structures requires long term organizational efforts and strategies; the problems of the individuals will partly be solved by the rectification of the societal structures and also partly by short term interventions by professionals like social-workers and doctors.

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## CHAPTER ONE

### THE SOCIO-ECONOMIC FACTORS RELATED TO KHAT USE AND ABUSE IN GARISSA (KENYA)

#### I PROBLEM STATEMENT

##### (a) INTRODUCTION

Khat (*Catha edulis* Forsk), or Miraa as it is popularly known in many parts of Kenya, is a plant that is widely used for its stimulating effects on the central nervous system. Khat is mostly used in the predominantly Muslim parts of Eastern Africa and the Middle East. However, according to a number of persons, including Acuda (1981), Baasher (1980) and Mungai (1982) the use of khat is beginning to affect a wider cross-section of society.

In Kenya, khat use has been imminent since the turn of this century. The British government realized the problems associated with khat use especially amongst its military personnel and local administrators and imposed control measures in the then British Colony and Protectorate in 1939. The first serious step was taken when an act prohibiting the use and sale of khat was enacted in 1952, under the Miraa Prohibitive Act of 1952 (revised, 1962) Laws of Kenya, Chapter 339.

The Miraa Prohibitive Act was suspended in January 1977 by the then Kenya President, Mzee Jomo Kenyatta.

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 (which among others include the World Health Organization - W.H.O., the United Nations Narcotic Commission, United Nations Fund For Drug Abuse Control, the Arab League), a number of governments, individuals in various civic, social and political positions and scholars from various fields, all voice concern over the problems associated with khat use. The problems mentioned encompass nearly all aspects of life - social, economic, medical and psychological.

The medical and psychological problems (mentioned by among others, Acuda, 1981; Baasher; 1980, Dadphale, 1982; and a number of W.H.O. and other Manuals) include psychosis, digestive problems, oesophageal cancer, cardiovascular complications like high blood pressure, liver cirrhosis, anorexia or lack of appetite, sexual impotency, withdrawal syndrome, loneliness, aggressiveness and general alienation, due to the mental and environmental disorientation khat abuse can induce.

The socio-economic problems (mentioned by among others, Acuda, 1981; Baasher, 1980; Getahun, 1973; Maitai, 1973; Mungai, 1982; Quantai, 1982; and in several technical and other manuals), include family instability because of draining on family resources and the lack of care and attention on the part of the chewer for his family members, reduced work productivity as a result of absenteeism, tardiness and the generally depressed mood of the khat chewer, the preoccupation with the attainment and use of khat, and the neglect of all other community activities.

Another problem that has bothered many people is the effect khat use has on learning institutions. Here it is believed to lead to students failing or performing poorly in examinations or dropping out of school all together, and laxity on the part of the teachers. A call by the North Eastern Provincial Education Officer, an area reknown for its khat use (Daily Nation, May 24th 1982), to all teachers to minimize khat use and to take their work seriously is a typical one in that area and other khat using areas of Kenya, like the Coast Province and some parts of the Eastern Province.

Thus many of the studies done and the observations made about khat, all in one way or the other highlight the negative effects of khat use. In summary, the problems are ill health, family problems, negligence of

duty and associated economic and social problems, psychological problems of loneliness and personality or behaviour problems and the retarding of welfare improving activities.

(b) OBJECTIVES OF THE STUDY

The study had a number of aims and objectives. First of all, due to the lack of any similar study previously done in Kenya, the patterns and extent of khat use in the area chosen <sup>was</sup> needed to be studied, including a survey as to how widespread the use of khat is and the characteristics of the users (age, sex, occupation, educational level, economic and social status, marital status etc.).

Khat like alcohol, is one of the few mood-altering substances or drugs that are socially and legally used by many people, and just like alcohol not everybody who uses khat has problems or ends up getting problems. There are some categories of people and individuals who use the drug but are able to control its use in a manner that it ends up not causing them or their families any problems. However, there are others who are unable to control khat use and it then results in grave problems for them. Thus a need to know what kinds of people

are unable to control their use of khat, what makes them use khat, under what circumstances it causes problems and where the line should be drawn between normal use and abuse of khat was the other major objective of the study.

Thirdly, the study aimed to ascertain the presence or absence in the study population of the kinds of socio-economic problems mentioned in the literature. As a result of personal knowledge and experience having lived in a heavy khat using community all my life and reinforced by the literature read on khat, I strongly believe that khat abuse has many negative effects. Thus it is hoped that the findings of this study will be used by affected governments, United Nations bodies interested in drug abuse intervention, the affected communities and any other interested persons in identifying, formulating and implementing control and preventive measures that may be deemed necessary. The study also aimed to create awareness amongst different sections of the society as to the gravity and nature of drug abuse problems.

In the process of finding explanations and reasons that lead to khat abuse behaviours, theoretical explanations applied to other types of drug abuse which have been extensively researched were considered. In view of the very different social environments of khat use



and that of other drugs, the relevance of these theories or otherwise was tested. The theories put forth in other studies mostly done in developed countries, like those of anomie, relative deprivation, differential association and psychological theories like loneliness or frustration theory, were used to guide the inquiry while at the same time looking for alternative explanations that might be unique to khat use and abuse. Such findings always have important sociological and methodological implications.

Finally it must be mentioned that this study ran concurrently with a wider research project sponsored by the same agency - U.N.F.D.A.C. (United Nations Fund For Drug Abuse Control) which sponsored this study. It is hoped that this particular study will go a long way in complementing the wider project by providing many details that might not be possible in the wider project. A detailed study of khat use is very important as it is - besides alcohol, tobacco, and cannabis - one of the most abused drugs in Kenya. The specific and deliberate choice of an area of research helped solve the problem of leaving out particular areas where the use of a specific drug is rampant, in this case, typically Muslim areas which might not have been selected under the selection procedure of the larger project and hence giving a somewhat false picture of the extent and type of drug use.

## II LITERATURE ON KHAT

Most of the available literature on khat is on its toxicology, pharmacology, and its medical aspects. Following below is a brief summary of some of things written about khat. Finally a brief review of the socio-economic aspects mentioned at one time or the other will be given and the research gaps that exist discussed.

### (a) HISTORY AND TRADE

Khat (*Catha edulis*) is believed to have originated from Ethiopia, although there are many myths and traditions as to where and how it originated. Most writers however, believe that khat was introduced into Yemen from Abyssinia (Ethiopia) around the 15th century (d'Herricourt, 1945). From Yemen it spread to Aden, Egypt, S.W. Arabia, Kenya, Somalia and other countries along the East African Coast (de Sacy, Baasher, 1980).

The earliest scientific report of khat presented to Western culture was by Peter Forskal in 1778. Forskal's findings were edited by Niebuhr (1792) who in memory of his friend gave it the generic name *Catha edulis* Forsk (Niebuhr, 1792).

In Kenya, khat is known by a number of names, Miraa is the most widely used, others include Mirungi, Mgomba, Jiti and Chat. Khat is a tree of the celestraceae family that grows at high altitudes in East Africa and Yemen. The plant takes 2 - 6 years to yield its first crop. In Kenya miraa is commercially grown in the Nyambeni and Imenti areas of Meru district, although it grows wild in many other parts (Maitai, 1973; Baasher, 1980).

In Meru district there are three well known commercial varieties, namely Kangeta, Giza and Lare, each deriving its name from the location it is grown in. The Kangeta long red variety are tied in two's (twigs) and the Giza type is tied in 'fours' or 'fives' as it is a smaller variety. The small bundles form the 'apa', and ten of these are tied to form a bandari. The bandari becomes the retail unit; ten bandaries form a 'kilo' which is the commercial unit (Maitai, 1973, Quantai, 1982). The price of a bandari varies from Sh. 5/= to Sh. 50/= depending on place and season.

The trade and cultivation of khat has become very profitable. In Ethiopia it rivals the cultivation of coffee and other cash crops like sorghum and corn. In 1962, khat accounted for 53% of that country's total returns from exports, ranking fifth among commodity groups, and there has been an upward trend since then (Getahum, 1973).

The high profits gained from khat very much encourage its cultivation and trade, and in those countries where it is not grown a lot of money goes to its importation. In Djibouti, a very tiny country, an approximate 5 tonnes of khat is imported daily. In Somalia and Yemen it was estimated that consumers use about 25% of their daily earnings on khat (Baasher, 1980).

It is also reported that khat cultivation and trade is very lucrative in Kenya. Maitai gave the total earnings as of 1973 as approximately 10 million Kenya shillings annually. Newspaper and periodicals also occasionally write on the importance attached to khat and its growth. In an editorial of a local Magazine - 'Umma' (Vol. 7, 1978) it was pointed out that khat earned Kenya 100 million shillings between 1972 and 1974, it earned the Meru County Council about 8 million shillings a year and farmers earned upto 25 million shillings. In a recent study (1982) Quantai also mentions the importance attached to khat cultivation in Meru district. Feature stories in different Kenyan daily newspapers also highlight this aspect (e.g. Daily Nation May 27th 1982, and Sunday Standard March 28th 1982).

(b) TOXICOLOGY, PHARMACOLOGY AND MEDICAL ASPECTS

There are many issues surrounding the use and abuse of khat. Hence a number of studies have been done on its pharmacology, toxicology and medical aspects.

In Kenya two major studies by Maitai (1973) and Quantai (1982), looked at the toxicology and pharmacology of the plant respectively. Many scholars are very interested in the physical effects of khat on humans, especially its stimulating effects on the central nervous system.

In 1887 an alkaloid which was identified as Cathine was discovered to be one of the components of the plant (Fluckiger and Gerock). In 1930 Wolfer made an important step by showing that Cathine was identical with D. Norpsendophrine - D.N.E. Thus upto 1974 only D.N.E. had been isolated from *Catha edulis* as a central nervous system stimulant compound. In 1978 the United Nations Narcotic Laboratory isolated and characterized another more potent central nervous system stimulant; they called it Cathinone. This newly isolated alkaloid is said to be 7 to 10 times more potent than D.N.E., and it is almost equipotent to amphetamine (Peterson, Maitai and Sparber, 1980).

On its toxicity, Carothers (1978) described the chronic effects of khat use as mild mania and schizophrenia. In 1948 Greenway noted that khat poisoning resembled that of alcohol; he also claimed that at about thirty to forty years of age the person who uses khat becomes mentally and physically debilitated and may become sexually impotent. This assertion has often been repeated by many others.

Morton (1970) Le Brass (1968) and Fretillere (1968) have associated catha chewing with oesophageal cancer, which they thought was prevalent in khat chewing areas. Hartwich (1911) and Kervingant (1959) detected cardiac effects with catha use. Kernel (1969) detected abnormalities in chick embryo's treated with Catha material, however, C.K. Maitai (1973) could not confirm this finding.

Khat is thus believed to have a wide range of physical effects on the body, mainly on the digestive, respiratory, cardiovascular, endocrinal and genitourinary systems. In the digestive system the use of khat is associated with anorexia (lack of appetite), constipation, stomatitis, dyspepsia and gastritis - (Baasher, 1980). As a result of the toxic effects of tannic acid (an ingredient of khat) on the liver, khat has been reported to be a possible contributing factor to liver cirrhosis in the Yemen Arab Republic (Korpassy, 1949). The effect of khat on the cardiovascular system is manifested by an increase of the heart rate and a rise of the blood pressure (Baasher, 1980).

- As a result of the physical effects of khat, it has been traditionally used as medicine in many communities. The Somalis used it to treat bronchial asthma. In Tanzania it was used for the treatment of influenza and stomach problems (Greenway, 1967.)

In Meru district of Kenya it was used to treat dental problems (Quantai, 1982). The Masai used the wild variety in the Rift-Valley province for treating rheumatism (Ghari, 1978). However, there is no documentation as to the effectiveness of these traditional treatment methods.

Khat is mainly used because of its stimulating effects on the central nervous system. A few minutes after use, there is a feeling of well-being and the removal of subjective feelings of fatigue, there is a suppression of hunger and sometimes libido (W.H.O. manuals). This stage of stimulation and elation does not however last for long, after some time there is mental fatigue, insomnia and a feeling of 'self pity' and let down (Maitai, 1973). Although nowhere in the literature is the duration of each stage given, there is a belief that this will depend on individuals.

As a result of the varied physical effects of khat on the body, an important question being asked is the extent to which khat use or abuse causes mental disorders or psychosis. It is noted that sleeplessness increases and this may cause serious reactions as a result of sleep deprivation (Baasher, 1980). Baasher also mentions the fact that users may start using other drugs to reduce excessive cerebral stimulation; substances mentioned are alcohol, sedatives and hypnotic drugs.

In Yemen, nifrazepan, glutethinide, pethidine, barbiturates and methaqualone are some of the drugs used and they can cause mental problems of their own. In Kenya although it is not officially known, the use of other drugs with khat is said to be prevalent.

Marguetts (1969) and Halbach (1973) are of the opinion that khat rarely causes toxic psychosis or schizophrenic reactions, although they point out that its abuse may precipitate psychosis in susceptible individuals. In Kenya, a number of psychotic cases have been admitted to Mathare Mental Hospital. In a recent article (1981), three cases in Mathare Hospital were reported where temporal relationship was observed between excessive use of khat and consequent psychosis (Dhadpale, Mengech, and Chege, 1981). The behavioural disturbances of the three individuals were a hostile perception of the environment, threatening type of auditory hallucinations, fearfulness, paranoid delusions, hysterical outbursts and a tendency to isolate oneself or attack others in imaginary self defence. The problems of the three were not associated with alcohol or other drug abuse.

(c) SOCIO-ECONOMIC EFFECTS AND FACTORS

The literature on the socio-economic effects of khat use and abuse suggests that it contributes to family instability because of the drain on family resources,



the absence of the father from the home and the lack of efficient and desirable interaction between spouses, neglect of duty, tardiness and lower productivity of khat users, psychological problems of loneliness and alienation, /negative effects on the performance of /and students in learning institutions, (Acuda 1981; Mungai, 1982; Quantai, 1982; Maitai, 1973; Getahun, 1973; Baasher, 1980.)

In view of the many socio-economic problems and medical complications associated with khat use as mentioned <sup>in</sup> literature and the problem statement, there are a number of views and comments as to the possible causes and effects of abuse and also control measures that can be taken and the likely effects.

It is pointed out by among others, Getahun (1973), Maitai (1973), Mungai (1982) and Baasher (1980), that in the traditional systems khat was only used by old men and even then only in connection with traditional rites. With rapid social change the use of khat became widespread and socially uncontrolled. However, none of these authors tells us what really causes khat abuse in modern society, or what the traditional control measures were and how they were implemented; there is no indication also of how contemporary society can impose its own restrictive measures.

Getahun (1973), who has attempted an all around approach to the study of khat cultivation and use in the Harar region of Ethiopia, although **concentrating** on its cultivation, also comments on its socio-economic aspects. Although a lot is said about the ill-effects of khat use, not much explanation is given as to why such problems arise, an understandable omission considering the scope of his paper - botany, cultivation and use (as a cashcrop).

By way of remarks on the side it has been frequently commented upon on the marginality and general state of poverty of most khat users. J.M. Laurent (1962) specifically described the cultivation and use of khat as a somewhat unfortunate example of a marginal economy largely committed to the cultivation and use of a potent natural stimulant whose use has become endemic in a culture. However, such broad-sweeping statements do not really tell us much unless there is an indepth study as to why these so called marginals are so committed to this drug and why it has become endemic in their culture.

Another social/economic/political aspect of khat use considered in publications is its legal regulation or other prohibitive measures. Most of the regulations and preventive measures taken are administrative ones. Some of the earliest attempts to control khat were by

the British Colonial government in the then British Somali-land and the Kenya Colony in 1921 and 1939 respectively. Other control measures followed in the 1950's and 1960's. Here in Kenya the Prohibitive Act was suspended in 1977, although there had been a number of prohibitions, on and off by the local administration in the North-Eastern Province of Kenya.

The various legal regulations on khat cultivation and use tell us very little about khat besides the fact that it is a plant surrounded by controversy as is evidenced by the on-and-off regulations. The various dates of the regulations may also pinpoint some of the political stands on khat at the time of any given act. Thus it is evident that the complex social and economic pattern of khat use and abuse needs a thorough study of its own since legal regulations tell us very little.

A fact which is mentioned by all who have written or talked about khat is that it is used by Muslims whose religion strictly prohibits the use of alcohol. An important question that arises here is why people must have a substitute for alcohol. Are substances that alter the moods of people so necessary in society and if so, why? In the case of Muslims and khat, it becomes very complicated because the Muslims' holy book (Koran) condemns all toxicants. However, there are a number

of issues surrounding it and people go to all pains to prove that khat is permissible and hence the name "Flower of paradise". If there is such a high restraint from alcohol in these communities, why not so with khat?

It is important to point out that most of the literature reviewed here has its main objectives or area of study in fields different from sociology, namely pharmacology, toxicology, medicine, agriculture and botany. In most of the articles or work done on khat, the social and economic aspects come only as side issues. In Kenya at the moment there is no single study that I am aware of that has dealt with the socio-economic aspects of khat use and abuse. This study aims to fill that gap.

Various W.H.O. reports see the socio-economic effects of drug abuse as the aggregate of the individual effects. They also include the cost of societal responses, such as prevention and health care, as well as the indirect consequences of control policies, such as organized criminal networks that feed on the profits of illicit trafficking (W.H.O. Technical Series No. 656, 1981 Geneva ). In the

broader sense, the social and economic consequences of the abuse of khat and any other psychotropic substances extend well beyond those affecting the rather small proportion of the population that the dominant culture defines as drug abusers. Scientific advances have aided greatly in the methods of assessment of problems with psychotropic substances; however their contribution has been greater in defining physical as opposed to social and psychological consequences.

CHAPTER TWO

THEORETICAL FRAMEWORK AND THE METHODOLOGY OF STUDY

(a) THEORETICAL FRAMEWORK

The data collection exercise of the study was guided by a number of research questions and by specific hypotheses. The research questions and the hypotheses were formulated with the help of sociological and psychological theories that have been put forth to explain various kinds of drug use and abuse. The formulation was also done with the help of knowledge gained from literature on khat and by day-to-day observations of khat use in Kenya.

As a concept drug abuse refers to a moral convention rather than a clear cut form of behaviour, thus it is unlikely to find any common thread running through all definitions of it. There are many types and styles of drugs and drug use to which altogether different explanations apply. However much of social non-medical use of drugs is generally negatively viewed in contemporary society, thus the common theme that dominates drug etiology is that of deviant behaviour. Theories that have been used to explain drug use and abuse are psychologically, biologically, economically or politically oriented.

All the theories discussed in one way or the other emphasize how disruptive forces in society affect people either on the individual level or the societal level.

A sociological explanation seeks a cause in the influence of society on the individual or in the lack of such influence.

One such explanation is to be found in Durkheim's theory of anomie. This theory mainly demonstrates the disarray and the negative consequences that come about when societal guidance falters. Durkheim first used the concept of anomie to explain suicide (Durkheim, 1952). He focused on the way in which various social conditions led to overweening ambition and unlimited aspirations following a break-down in regulatory norms. According to Durkheim some of the conditions that lead to normlessness in a society and hence anomie include rapid social change sudden economic crisis or economic prosperity or any other event that suddenly or otherwise occurs disrupting the normal running or functions of society without bringing in any alternative and effective means of regulating that society. Sudden economic crisis or affluence may lead to a sudden downward mobility, or sudden stimulated desires of affluence and hence an

experience of deregulation and a loss of moral certainty and customary expectations that are no longer sustained by society.

Durkheim viewed society as vital in maintaining order. He viewed human beings as creatures whose desires were unlimited. As a result of the natural insatiability of man, his desires can only be held in check by external control; and the only control according to Durkheim, capable of doing this is societal control. Well regulated societies set limits on individual desires, ambitions and aspirations and hence setting foundation for realistic human expectations. When societal regulations break-down due to factors like rapid social change or economic crisis; the controlling influence of society is no longer effective and individuals are left to their own devices. There results a condition of relative normlessness in a whole society or part of it - individuals are left without moral guidance and they fall into all sorts of problems (Durkheim, 1952). Durkheim used this analysis to explain different kinds of suicide in society but it is equally useful in the analysis and assessment of other types of individual and societal malfunctions for example drug abuse and alcoholism.

Other theories that seek to explain causes in the influence of society on the individual or the lack



of such influence are those that look at psychological disarray and resultant feelings of a sense of insecurity. One such theory is the frustration - conflict-aggression theory. Frustration is often defined as an interference with any goal directed activity of a motivated organism (Amsel, 1958). A person may be frustrated by many things, for example, by an object, by a situation, by another person by some personal limitation or by a conflict between two motives or choices. A person is said to have a conflict of motives when two or more motives are present at the same time but cannot both be satisfied. A person in a state of conflict often represses the conflict or tries to forget about it. Repressed, unresolved conflicts may activate defense mechanisms or lead to deviant behaviours like unnecessary aggression, withdrawal from the world, alcoholism or drug use. Conflict is often regarded as one of the most serious forms of frustration, as an unresolved conflict is believed to lead to serious personal problems such as mental illness.

One example of a conflict - frustration theory is the 'culture-conflict' theory. This theory explains the problems that arise when alien customs, norms, and values are introduced into a more or less closed system. This often leads to deep seated

antagonism and mental conflict for those individuals caught between the two cultural systems, to both of which they owe some allegiance and between which they have to make a more or less agonizing choice. Culture conflict usually most adversely affects members of minorities whether ethnic, political, religious or any other social group who are inhabitants of the area invaded by the alien culture.

When a society is ridden with all or some of the problems mentioned above that is, societal disarray and hence 'anomie' psychological problems such as a sense of insecurity the presence of conflict and frustration, or any other problem may occur. The use of drugs which offer at least a temporary escape from the problem, may increase, in particular if traditional control of its use is losing validity.

In such circumstances the spread of drug use is influenced by availability and personal contact. The differential association theory, whose best known propounder is Edwin H. Sutherland, emphasizes that criminal behaviour and any other behaviour for that matter is learned in interaction with other persons in a process of communication. Such learning includes the specific direction of values, attitudes, motives, drives and rationalizations relative to deviance as well as techniques of committing specific acts. Most

importantly however, definitions favourable or unfavourable to violation of law are communicated and a person becomes delinquent because of an excess of definitions favourable to violation of law, over definitions unfavourable to the violation of law (Sutherland, 1960).

The drug taking practices of people who associate them with religious and cultural meanings can fall under Sutherland's differential association theory. For the Ras-Tafari of Jamaica, Marijuana or Bhang (Cannabis-Sativa) is a symbol and article of faith. In India where there is a strong religiously associated aversion to alcohol, marijuana is not only tolerated but is actually prescribed by social custom and religious usage (Clinard, 1960). It has however been pointed out that most religiously or culturally prescribed drug use is not associated with the social pathology as is the case with drug usage as a result of 'anomie', psychological problems and other societal problems.

The other reason offered to explain the high incidences of drug taking is the easy availability of the drugs. In connection with this, it is easy to imagine that there are bound to be more people using something (which mistakenly or otherwise brings desired results) when it is easily available, especially when there are some other inducing factors like psychological,

social or economic problems, and the temporary alleviation of such problems by the use of drugs. A practical example given here is the very high incidence of physicians who end up becoming addicted to drugs intended for other purposes (C. Winnick; 1960). Besides the easy availability, these physicians are mainly induced to take drugs by other factors like, extreme work pressures, unfavourable working conditions and imagined poor reward for work performed.

R.K. Merton gave another interpretation to the concept of 'anomie'. Merton systematized and extended the theory of anomie directing attention to patterns of disjunction between culturally prescribed goals and socially organized access to them by legitimate means. Merton also showed that a dangerous discrepancy can still arise in a society where those needs are not at all unlimited but merely go beyond what can be satisfied in socially acceptable ways (R.K. Merton, 1957).

Merton suggested that some types of addictive behaviour could be viewed as a retreatist reaction on the part of a person who finds the path to success blocked and who has inhibitions against the use of illegal means of seeking success or status. According to this theory retreatism is a reaction to inner conflict resulting from the discrepancy between

aspirations and means. Merton characterizes retreatists as 'handicapped', 'frustrated', and 'non-productive liabilities', and as 'asocialized persons', who can be called members of society only in a fictional sense. In this category Merton places the adaptive behaviours of psychotics, autists, pariahs, outcasts, vagrants, tramps, chronic drunks, and drug addicts. This mode of adaptation according to Merton is most likely to occur when both the cultural goals and institutional practices have been thoroughly assimilated by the individual (Merton, 1957).

Other economically based theories are in many ways similar to Merton's theory of anomie. Two well known theories here are, the theories of 'culture of poverty' and 'relative deprivation'. These theories mainly describe the lack of opportunity and subjugation that are meted out to some section of the society by the existing political, social and economic structures. People who belong to such sub-sections are more likely to be unemployed and poorly housed. The patterns of apathy and helplessness inherent in the deprived communities reinforce themselves from one generation to the next, creating what Oscar Lewis termed, "a culture of poverty". Here one finds an ingrained cynicism about society and its institutions; such people thus commit deviant acts, like drug use that

the wider dominant society abhors. These acts are committed both as a deviance against society and as an escape mechanism - one ready example here are portions of the black slum-dwelling communities of the U.S.A.

There are those who argue that problems associated with drug use and even drug use itself have greatly increased as a result of control policies. The classic example here is drawn from the American situation. During the 19th Century, opiates in America were easily available to anyone who needed them; however a change in public policy in the early 20th Century made the use of opiates illegal and outlawed the addict. The stage was thus set for the development of a large-scale lucrative illicit trade and use of drugs which plagues America to this day.

It is thus widely believed that the problems of drug use and abuse cannot easily be rectified by administrative decrees, and prohibitive acts, issued by a government. This failure mainly comes about because of the root causes of drug use in the first place. "People **start** using drugs because of deeprooted cultural, economic and psychological reasons. For example, a number of psychological traits are said to have been identified in many individuals who are drug addicts or alcoholics - the role of drugs in alleviating (at least temporarily) anxiety and providing a sense of well-being

helps explain why these substances become very attractive for persons with deep feelings of insecurity (R. Straus, 1961). Thus it becomes obvious that a prohibitive decree will not do any good for a person whose drug use is psychologically associated.

Summarized above are some of the theoretical assumptions as to the possible causes of drug use and abuse. Most of the theories were formulated and tested in environments very different from our Kenyan one, and, the drugs considered were not necessarily comparable to khat, - thus the applicability of the theories in our situation is subject to testing. Although it is not possible to prove or disprove all the theories in one single study, many of the basic assumptions were used as guidelines and basic stepping stones in the inquiry into the socio-economic aspects related to khat use and abuse in Kenya. The assumptions were used in the formulation of research questions and research hypotheses.

The use of many theoretical assumptions as guidelines in a research on drug use and abuse is particularly important because of the diversity of the styles and causes of drug use and abuse. In a study of this nature subtle and not so obvious factors might prove to be vital.

## II HYPOTHESES

The problem studied was the extent, the nature, and the causes of khat use and abuse in Garissa.

The literature on khat suggests the existence of many socio-economic problems associated with khat use and abuse and also a few possible reasons for its widespread use. There are also suggestions that the use of khat is on the increase and that this could lead to adverse effects on the individual users and on society.

The survey data on khat use and users will be used to seek confirmation for some of the theories reviewed on drug use and abuse. The points are summarized in hypotheses, the first of which is directed towards problems of the use and abuse of drugs, while the other two are directed towards causes.

### Hypothesis One

If people chew khat they are more likely to have socio-economic problems because of it.

### Hypothesis Two

Individuals who fail to achieve aspired goals are more likely to use khat and possibly abuse it, than are individuals who do not experience such failure.



Hypothesis Three

Easy unrestrained association amongst khat users, abusers, and non-users and the easy availability of khat promotes its widespread acceptance and use.

MAIN VARIABLES

The main variables of the above hypotheses are.

INDEPENDENT VARIABLE

DEPENDENT VARIABLE

- |  |   |
|--|---|
| 1. The amount of khat chewed   | 1. The extent of socio-economic problems. |
| 2. Failure of individuals to achieve aspired goals.  | 2. Khat use and possible abuse.           |
| 3. Easy unrestrained association amongst users, abusers and non-users of khat and its easy availability. | 3. Widespread acceptance and use.         |

(a) DEFINITIONS, INDICATORS AND MEASUREMENT OF TERMS AND CONCEPTS USED IN THE HYPOTHESES.

1. The amount of khat used - The amount of khat used was determined by comparing the different amounts of khat chewed by different persons. The indicators used included the actual amount of khat in 'kilos' consumed by anyone person in any given time period, the length of time used for chewing and the amount of money spent on khat.

2. Socio-economic problems

Socio-economic effects were defined in as wide a perspective as possible. Effects termed as problems included: marital instability, child neglect, juvenile delinquency, neglect of work and other duties, poor work performance, lack of involvement in societal activities and a general apathy, poor health, poor performance in school, and poverty in general.

These socio-economic problems can arise when a chewer's indulgence in khat prevents him from attending to his work, his family and the society at large because of either using all one's income on khat, or all one's time chewing, thus being fully preoccupied with the attainment and use of the drug at the expense of everything else.

The measurement of socio-economic problems was done with the help of data from various sources. By case studies and discussion with various persons, problems encountered by heavy khat users were analysed. The problems were usually more acutely reflected in the families of the abusers, and hence most of the measurements of the existence of socio-economic problems was done here.

Some of the measures used include: the frequency of quarrels and marital discord in the homes of abusers

or persons who used more khat than others; divorce rates presence of juvenile delinquency the economic situation for example the extent of poverty or the absence or presence of debts the frequency of work absenteeism the standard of performance in school or at work and the presence or absence of ill-health.

3. Failure to achieve aspired goals.

Failure to achieve aspired goals is used to describe the inability to achieve or engage in something someone very much wanted to do, or, on the other hand doing what one hoped for, but, for one reason or the other, that particular occupation does not fully satisfy the person engaged in it.

Some of the factors that prevent people from achieving their aspirations and which also inhibit and block feelings of satisfaction even when aspirations have been achieved, include: unemployment, especially after school, ending up with a job other than the one expected, lack of alternative choices of jobs and poor working situation because of the incompatibility between the ideals and methods of many modern sector employees and the customs of the so-called 'backward' traditional societies they are supposed to be serving. The worst hit group in this dilemma of incompatibility are the indigenous people of the area who hold some kind of formal job. The dilemma mainly results from their

realization that the kind of education they have acquired has actually set them apart from their relatives and friends.

The problems created by an unsatisfactory work situation in this area (Garissa) are enhanced by the lack of resources to accomplish what one might have hoped to accomplish. This is caused by the aridity and isolation of the area in question and by the ever present security problems which lead to a sense of instability and leave individuals feeling uncertain.

Failure to achieve aspired goals is indicated in this study by the percentage of individuals who say they are not satisfied with what they are doing, either because it is not what they expected to do, it does not happily occupy them, they feel that they are not serving anyone, it does not fit with the way of life they are used to, the income earned is very little compared to what expected, or, finally because they lack any gainful employment at all.

Failure to achieve aspired goals is measured by a number of indicators:

(a) Employment vs unemployment - employment becomes a measure of the failure to achieve aspired goals when the individual in question is someone who has already completed school or has come of age, but

for various reasons cannot obtain any kind of gainful employment. Thus to be unemployed when one hoped to be employed is a measure of failure.

(b) Present occupation vs aspired occupation.

The main measurement here is the difference between different job groups and occupations. The categorization of jobs was done on the basis of the prestige and income attached to them. The occupations mentioned by the respondents and which were later used as point on a measuring scale included:

- (i) To engage in big business - vs small business.
- (ii) To be a senior government officer i.e. job group 'H' and above vs medium job group officers i.e. job group 'F' to 'G'.
- (iii) To be medium job group holder 'F' to 'G' vs lower job groups 'A' - 'E'.
- (iv) To be a doctor vs lower medical professionals e.g. nurses, or secondary school teachers vs primary school teachers.
- (v) To have a white collar job vs manual employment.
- (vi) To be employed in the private sector vs public service.
- (vii) To attain higher educational qualification and hence move to a higher scale (not specific).

- (viii) To be a proper house-wife and mother vs divorcee and prostitutes.
- (ix) To be employed vs unemployment.

Failure was here considered to exist when an individual's job group or occupation is lower than what she/he expected to get - both prestige-wise and income-wise.

(c) Present income vs aspired income. The measure here is the relative difference of the two incomes. It is not easy to determine what a reasonable shortfall is in order for it to be taken as a failure. However each individual person's income and the income he/hoped to get was analysed, had and in most of the cases it was decided that any shortfall of 50% or more should be taken as a failure. An example here is a person who hoped to earn Ksh. 2,000/= a month earning only about Ksh. 1,000/=. Other factors like the persons' job and the job he had hoped for and his other responsibilities were all taken into consideration when the assessment here was made.

(d) Besides the above basic factors that can bring dissatisfaction, that is lower job groups, less income and lack of employment altogether, there are other factors present in specific environments that

can further alienate and worsen the situation of anyone who works there. Some of these factors include: the rigidity of working hours and hence the mechanization and alienation of the worker from his job, he is unable to properly utilize his time /or when either at work or outside and there is usually a lack of an alternative choice.

Thus failure to achieve aspired goals is measured by the percentage of individuals who are unemployed yet hoped to be employed; the relative differences of occupations and incomes - that is, is there any marked difference between what they actually get and what they hoped for, -- and finally the generally expressed satisfaction or dissatisfaction with what different persons were engaged in. In this particular section, besides the actual answers given by the respondents, observation of the culture, societal organization, historical and religious backgrounds, the political atmosphere, and the economic set-up of the area was done in order to get a deeper insight into the real problems of the area. For example the feeling of antagonism that exists between modern education and the traditions of the area can be more revealed by subtle remarks and indirect comments of the people rather than by any direct answers given in a questionnaire.

4. Khat use

Khat use refers to any incidence of chewing khat whether moderately, lightly or heavily. Khat use will be indicated by people chewing khat or admitting that they chew it, people buying, selling, and transporting khat or admitting that they do so.

Khat use is measured by the actual percentage chewing in the sample population, the number of people engaged in khat trade compared to those trading in other commodities, the number of vehicles bringing in khat to the town compared to those bringing in other things, the amount of khat brought into the town compared to its population, and finally the number of buyers who visited given retailers at given times.

5. Easy unrestrained association and easy availability of khat

Khat is one of those drugs like alcohol and tobacco whose use is largely legally and socially accepted. Unlike drugs like cannabis or cocaine whose users must go into hiding in order to use them, khat users do it openly (except for a few women). Khat chewing can thus be seen at homes in the presence of children, in public places, and on nearly all social occasions.

This non-restriction of khat use, coupled with its very easy availability can lead to its wide-spread



acceptance and hence greatly promoting the chances of more people picking up the habit. Easy unrestrained association is here indicated by chewing of khat openly and publicly in the presence of anyone the accessibility of khat selling spots, the nature of interaction between the sellers and members of the public, and finally the passing on of the habit from one person to the another.

Unlike khat importing countries, Kenya has got plenty of khat grown locally and it is easily and quickly transported to all parts of the country and is often lowly priced, from five shillings a 'kilo' to twenty shillings a 'kilo'. Khat availability is indicated by its abundance and cheapness when compared to other commodities and by the general absence of any difficulty in obtaining it.

Easy unrestrained association is measured by the percentage of chewers who admit chewing in **front of** others and the frequency of such chewing, the percentage of chewers who say they picked the habit from others through association with them, the number of persons chewing in public and the quality of interaction between them and others.

Easy availability of khat is measured by the number of vehicles bringing in khat compared to other commodities,

the number of khat peddlers operating in given areas, the prices of khat when compared to other commodities, and the percentage of respondents indicating that they found it easy to obtain khat.

6. Widespread acceptance

As a result of the widespread use of khat, its easy availability, and the unrestrained association between users and non-users, khat chewing has become part of everyday living in the area and the people do not see it as anything out of the ordinary - it has become the norm rather than the exception. Acceptance of khat is indicated by the widespread use and by the absence of sanctions against its use.

Widespread acceptance is measured by the actual number of people chewing, the attitude of the non-chewers towards the chewers, the quality of interaction between the chewers and the other members of the community and finally the percentage of persons who mentioned khat use as having some useful function in society. This does not however mean that many people are happy with the widespread use, especially when they suffer its negative consequences, but under widespread acceptance they cannot object to the use as such, only to excess and hence their only defense is to achieve moderation.

III

METHODOLOGY

(a) SITE DESCRIPTION

The study was designed to take a period of five months, and was carried out in Garissa town in the North-Eastern province of Kenya. Garissa township has a population of approximately 15,000 people and is about 360 kilometres away from the Capital City of Nairobi. The area is very dry and hot and falls within the arid and semi-arid regions of Kenya.

The population of Garissa, which is predominantly Muslim, is mostly engaged in small business and trade. A very small proportion of the population is formally employed in the government sectors; another still smaller proportion is engaged in small scale agriculture along the banks of the Tana River (Kenya's largest river) which passes through the town.

Garissa is the provincial headquarters of the North-Eastern province of Kenya which comprises three districts, namely Garissa, Wajir, and Mandera. The whole province is mostly inhabited by Muslims of one ethnic stock - Somalis.

As a result of its principally central position and important administrative role as the headquarters of the province, Garissa accommodates most of the

government employees in the province. The majority of the schools and other essential services are located here. The town also serves as an important market for the nomadic population of the area. In short it is the most densely populated and bustling spot in the whole province. Nearly all government offices are situated here and they are about the only ones which offer formal employment for those who have acquired some kind of education. Conditions are thus ideal for the rural-urban migration that has become a chronic problem in most developing countries.

The problems of Garissa are made worse and more acute by the fact that it is situated in the least developed and most neglected region of the country. It is a generally drought stricken area of very low productivity. The other major problem the area faces is that of insecurity brought about by territorial disagreement between the Kenyan government and the neighbouring Somali Government. The Somali government had at one time claimed the whole of the North-Eastern Kenya which is inhabited by people of Somali ethnic origin. This claim led to open conflict and confrontation between the two states in the mid-sixties; the hostilities, general unease and insecurity which this situation created are present upto today. Infact there are still frequent, though isolated skirmishes now and then.

The insecurity created by these hostilities has left a deep mark on the whole region. The isolated skirmishes that occur now and then lead to frequent curfews being imposed on the towns of the area. The most recent dusk to dawn curfew to be imposed in Garissa was in 1981 and lasted for nearly a year before it was lifted.

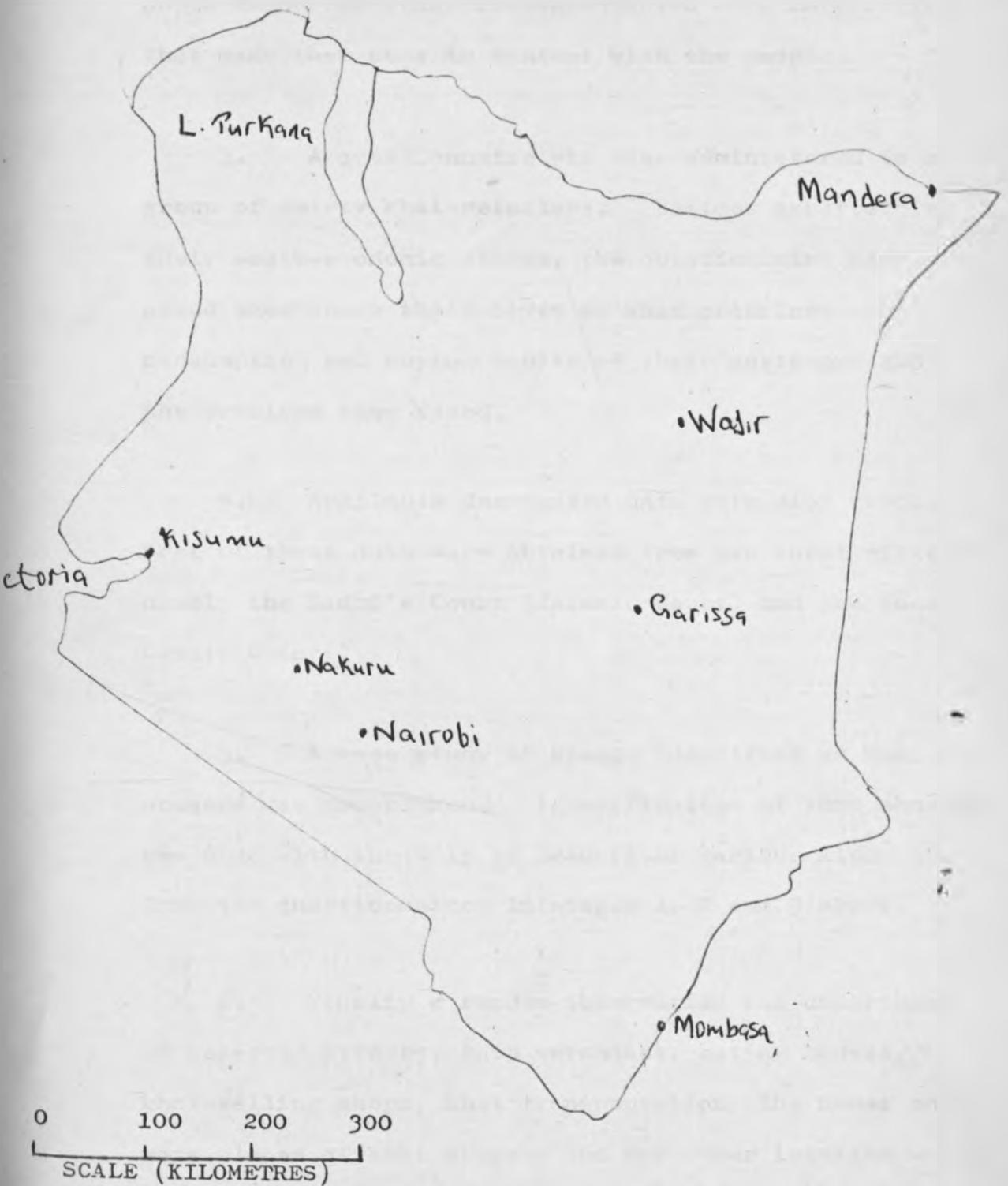
The armed skirmishes also lead to the nomadic people of the area losing their herds and being reduced to destitutes in the towns. (Map page 43)

#### (b) RESEARCH DESIGN

In studying the socio-economic problems related to khat use and abuse in Garissa, several steps of a research plan were followed. The research was designed to utilize a number of means to obtain information; these included, (i) questionnaires (ii) participant observation (iii) available data and (iv) informal discussions.

1. A sample survey in several parts of Garissa was undertaken to determine the extent, patterns, and distribution of khat chewing in the population, and to assess its effects on the society at large and on individuals, and the reaction of the people to these effects and causes.

Below is a sketch of the map of Kenya showing the position of Garissa from other major towns in the country and in the province.



2. A questionnaire was administered to a group of specially chosen key respondents. These included the local political leaders, social workers, teachers, health workers, village and religious leaders and a number of other respondents who were in positions that made them come in contact with the people.

3. A questionnaire was also administered to a group of thirty khat-retailers. Besides ascertaining their socio-economic status, the questionnaire also asked them about their lives as khat retailers, the consumption and buying habits of their customers and the problems they faced.

4. Available documented data were also used. Most of these data were obtained from two local offices, namely the Kadhi's Court (Islamic Court) and the local County Council.

5. A case study of people identified as khat abusers was undertaken. Identification of khat abusers was done with the help of leaders of various kinds and from the questionnaires in stages 1, 2 and 3 above.

X 6. Finally a random observation was undertaken of selected streets, shop verandahs, eating houses, khat-selling shops, khat transportation, the homes and work places of khat abusers and any other location where khat-associated activities took place.

(c) SAMPLING PROCEDURES

The respondents for the study were selected from different categories of persons all over Garissa town.

1. Firstly a total of one hundred and fifty respondents were interviewed. These respondents were randomly selected from a hundred and fifty previously selected households. After a reconnaissance survey of the town was made it was decided that a specific number of households would be picked from each area - the distance from one household to the other was mainly determined by the density of the given area. After the household was selected, the khat chewers were all listed down and then one randomly picked for interview. A non-chewer or one who stopped chewing was interviewed in the households where there was no chewer - also randomly selected.

2. In the second stage of the study twenty key or special respondents were interviewed. The respondents who qualified to be in this group were persons who held some kind of formal or informal position who were in constant touch with the people of the area and who had lived in the area for not less than five years. The respondents who were included here were: social workers, teachers, religious leaders, youth leaders, village elders, politicians and civil servants.



In the study of special groups, thirty khat traders were also interviewed. These thirty respondents were selected from a long list of about three hundred women who paid a small trading license fee or 'Miraa Cess' as it is called, to the local County Council. From the list every tenth woman was selected for interviewing.

The respondents who were selected for case studies were to have been picked with the help of persons like social workers. However other than one such respondent who was traced with the help of a social worker, the other four were picked with the help of a local teacher, the Kadhi's Court, through self-referral and from the general questionnaire, respectively.

3. The streets, shop verandahs, eating houses, khat selling spots and other public places associated with khat were specifically selected, that is, the areas where most of the activity went on, were observed. The purpose of these observations was mainly to determine the extent and patterns of the use and sale of khat, thus the choice of the exact places where such activities are carried out.

#### (d) METHODS OF DATA GATHERING

The problem of study was such that information had to be gathered from various sources. The instruments

of data collection that were used included questionnaires, participant observation, available data and informal discussions.

1. Three different questionnaires were administered to different people. A questionnaire answered by one hundred and fifty respondents was to determine the causes of khat use and abuse in the general population, and the extent and patterns of use. The questionnaire to twenty key respondents sought to get the opinions of these persons as to the possible causes, extent, effects and problems of khat use and abuse. Lastly a questionnaire administered to thirty khat-retailers sought to explain and describe the nature of the trade, the lives of these women and other aspects connected with the use and sale of khat.

2. Observation was a very important data gathering tool that was used in this study. The use and sale of khat in Garissa are two activities that can be said to be part and parcel of the everyday life of the area. everywhere one looked, one was confronted with khat, thus participant observation played a vital role.

Some of the things and events observed included the number of vehicles bringing in khat, compared to those bringing in other goods; the number of khat retailers, the kinds of activities that go on around khat selling spots, the amount of khat litter in such places as

verandahs, the patterns and ways of chewing both in public and private places, the outward physical characteristics of chewers, the homes and work places of persons identified as abusers, and finally the general life patterns of the town.

3. Documentary data were very helpful in that they provided information that could not be easily gathered as it pertained to events that happened prior to the time of the study. The information that was gotten from here included: the rates of unemployment in Garissa, community development programmes that were in existence, case histories written by social workers and the local Islamic or Kadhi's office, the records of the earnings of the local County Council from khat, and stories in newspapers that periodically appeared.

Available data were very useful in determining whether there had been an increase in the use and sale of khat or not, whether preventive measures worked or not, and in portraying a picture of the general history of khat use in the area.

4. As mentioned above, the use of khat in Garissa is an everyday life phenomenon, thus the people of the area always had something to say about it. There were varied and interesting opinions given about the causes of khat abuse, whether the problem was more acute now or not, who were most adversely affected, and possible measures of controlling the negative side effects of khat use.

### CHAPTER THREE

#### GENERAL PATTERNS AND EXTENT OF KHAT TRADE AND USE IN GARISSA

This chapter will give a sketch of the extent, patterns and the general characteristics of khat trade and use in the area of study - Garissa. This presentation becomes particularly necessary when the absence of any prior sociological study of the socio-economic factors related to khat use and abuse in Kenya is taken into consideration.

Khat chewing and khat sale are two activities that are very popular and very widespread in Garissa. The chewing and selling of khat were in evidence everywhere throughout the period of the study, and are in fact an all year round phenomenon. Different sources of information confirmed the belief that the consumption of khat is very high in the area and that this consumption may be on the increase.

#### I: KHAT TRADE

Khat trade both wholesale and retail is a very important and booming business in Garissa. The transportation and sale of khat is in evidence everywhere and is in fact one of the most conspicuous activities in the town. In a series of observations

and interviews information relating to the khat trade and its general patterns and extent was gathered. The trade can thus be divided into two broad categories (a) khat importation and transportation and (b) khat retailing.

(a) KHAT IMPORTATION AND WHOLESALE TRADE

Observing the importation and wholesaling of khat and the other activities surrounding its distribution to the retailers was made easy for the researcher because of the rules and regulations that govern vehicle movements in the area - North Eastern Province of Kenya. These rules are in existence because of the general insecurity (discussed later) prevailing in the province. All the vehicles entering North - Eastern Province are escorted by security police; the vehicles assemble and wait at one point just outside the province and then move in one long convoy until they enter Garissa town. Thus all vehicles that come into the town always arrive together at approximately the same time every day - between 2.30 p.m. and 3.00 p.m. All goods-carrying vehicles stop on a bridge at a place called Mororo which is about two kilometres away from the main town, and pay a transportation licence. All the khat is also offloaded at Mororo and then distributed to the retailers.

During the period of the study (January to April, 1983), khat was brought to Garissa by two buses, by a 'Matatu' (small passenger van), by a special khat carrying landrover and by plane. The landrover and the planes carried khat only, while the buses and the 'Matatu' carried khat as only part of their luggage. These different transporters paid differing amounts of transporters' fees to the County and Urban Councils of Garissa. The planes paid one thousand five hundred shillings per every trip (amount increased to two thousand shillings in mid 1983); the landrover paid nine hundred shillings per trip; the matatu six hundred shillings per trip and the buses each paid five hundred shillings per trip.

Under normal circumstances there is no way of immediately assessing the quantity of khat the vehicles carry. The amount only becomes clear after the traders start paying the retail trade licence or 'Miraa Cess' as it is commonly called.

Khat imported into the district is an important income earner for the Garissa Urban and County Councils. The following table-Number One; shows the incomes earned by the Councils from khat and for comparison purposes, livestock in three different years.

TABLE No. I : LIVESTOCK AND KHAT EARNINGS - GARISSA  
COUNTY COUNCIL 1980 - 1982.

YEAR	LIVESTOCK	KHAT
1980	19,988.0 £	13,518.0 £
1981	44,145.0 £	20,175.9 £
1982	17,758.4 £	26,186.5 £
TOTAL	81,891.4 £	59,880.4 £

In 1982 khat earnings surpassed those of livestock, which had for long been the number <sup>one</sup> earner, as there was a ban on livestock sales because of some disease out-break.

Khat earnings are greatly affected by the weather and security. However, in normal circumstances, earnings decline in the 3rd quarter of the year - Table Two.

TABLE NO. 2 : MONTHLY INCOME FROM KHAT IN 1982 -  
GARISSA URBAN COUNCIL IN SHILLINGS

MONTH	AMOUNT PER MONTH	AVERAGE PER QUARTER
	<u>Shillings</u>	<u>Shillings</u>
January	16,936.00	14,408.1
February	13,136.30	
March	13,152.15	
April	10,280.80	
May	17,214.55	14,773.1
June	16,830.00	
July	15,244.00	
August	12,027.50	13,069.3
September	11,936.50	
October	14,407.50	
November	15,813.00	15,263.2
December	15,569.00	
Total	172,546.30	

Most of the khat earnings mentioned above were gotten from the licences paid by the transporters. All the retailers also paid a khat - 'annual licence of two hundred shillings and a 'cess' of three shillings per every ten kilos of khat or one 'marduf' of khat they sold.



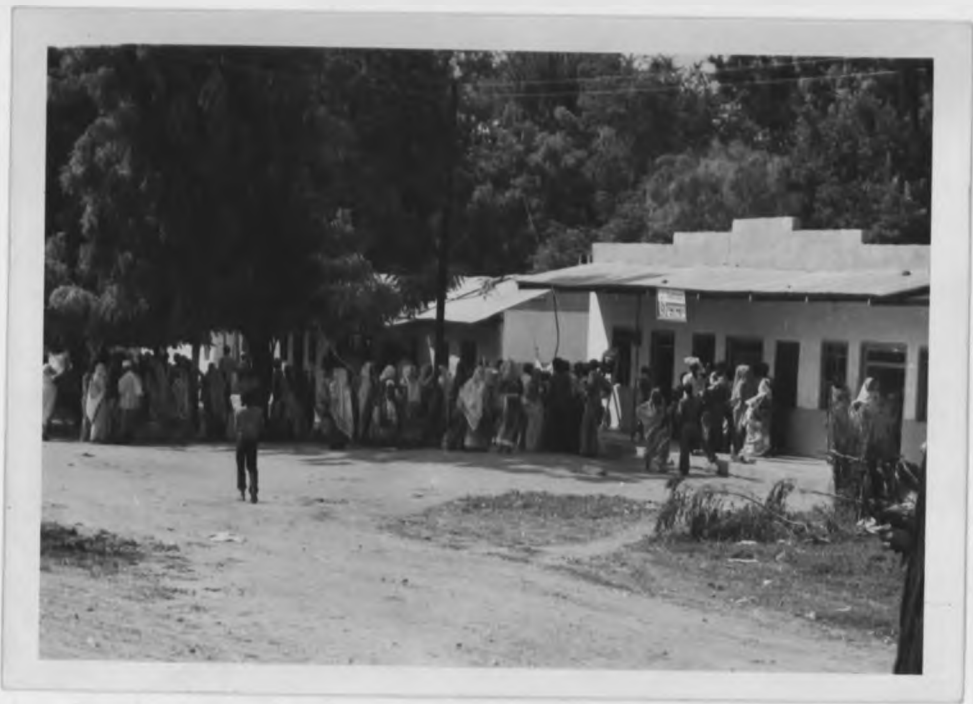
There were however indicators that khat earnings greatly dropped as from the 19th of March, 1983; this was when the use of khat in neighbouring Somalia was banned by a presidential directive. The plane trips through Garissa dwindled from several a day to only a few in a week. There were only four plane trips in March 1983 and four in April, thus drastically and suddenly reducing the Councils' income. In a recent radio release (Nov., 1983), the Chairman of the Garissa County Council declared that the Council was almost bankrupt following the banning of miraa in Somalia, thus it was unable to pay the salaries of its employees. There is however a widespread belief (though unsubstantiated) that it is only a matter of time before khat transporters find means and ways - mostly illegal - of taking khat into Somalia.

Khat that comes to Garissa by plane is not off-loaded in Garissa itself on most days, but it proceeds to points further in the province and to neighbouring countries. However, on a few occasions khat brought by road is not enough for the local demand and some of the plane khat has to be offloaded; this happened once in the duration of the study and there resulted a big rush by hundreds of retailers to the local airstrip.

On normal days, the stopping point of the vehicles (Mororo), starts coming to life at about 2.00 p.m. when

the first groups of women start arriving to await the arrival of the convoy and the khat. By 2.30 p.m. the whole place is crowded with colorfully dressed women and resounds with loud and lively chatter (see Photograph ONE)

Photograph No. 1



PHOTOGRAPH NO. 1: CROWD AWAITING THE ARRIVAL OF KHAT

On four different days 335 to 500 women waiting for khat were head-counted. The figures gotten from this 'head count' greatly varied on the different days because of the unreliability brought about by the general confusion, noise and commotion that is characteristic of the place. However, the count became

more systematic and easier after the women had obtained their khat and then streamed out through one gate and paid a cess fee of 3 shillings for every 'Marduf' or 10 kilos of khat they carried - counting here was done on 16 different days.

TABLE NO. 3 : NUMBER OF WOMEN WHO PICKED UP KHAT FROM MORORO ON 16 DIFFERENT DAYS

DAY	NO. OF WOMEN
8th January	471
10th "	468
12th "	476
14th "	466
16th "	470
18th "	461
20th "	471
22nd "	478
24th "	458
26th "	474
28th "	277
30th "	454
5th February	469
8th "	481
11th "	459
14th "	403

NB

There was a shortage of khat brought by road on the 28th of January and hence a great rush to the airstrip in a bid to obtain some of the khat which was to have gone further.

(b) RETAILING OF KHAT

After obtaining their khat from Mororo, the khat retailers distributed themselves to different parts and corners of the town. Some sold their khat in the town centre, on shop verandahs and on streets; others sold it in their homes in the 'bullas' (local residential villages); and others inside shops and hotels. Khat retailing is the most conspicuous part of the trade.

Nearly all the khat retailers are women who number more than four hundred; these women are easily observable as they gather in hundreds waiting for their khat to arrive either from Nairobi or from Meru; and as they cluster in small groups along shop verandahs and streets selling their khat. Where the khat retailer herself cannot be seen easily, for example in the case where one has to sell inside a house, there is always a sign (banana leaves hung on the outside door) to show that khat is available.

Different parts of Garissa were observed to assess the number of khat sellers when compared to those selling other commodities, the amount of khat that is normally bought, who buys it, when it is bought, and the amount and type of activity that generally goes on around khat sellers. The most easily noticeable places

where khat is sold and probably where most of it is actually sold is in open places, mostly along streets, and on shop verandahs. Women selling khat sit alongside those selling other provisions like vegetables, fruits and milk.

Table four, below, shows observations made on three major streets in town on five different days (7th, 13th, 15th, 17th and 19th January 1983), comparing the number of khat sellers and those selling other commodities - mostly foodstuffs. The observations were made both in the mornings and in the afternoons.

TABLE 4 : NUMBER OF KHAT SELLERS vs THOSE SELLING OTHER PROVISIONS, ON ONE AVERAGE DAY

NAME OF STREET	KHAT SELLERS		OTHER TRADERS	
	Morning	Afternoon	Morn.	Aftern.
Peponi	29	62	70	37
Mosque	5	22	7	2
Kenyatta	40	79	82	49

4.

Miraa selling on most days became more brisk late in the afternoon when most people had just left work and when there was a fresh supply of khat. Khat selling spots are normally crowded and noisy, because

besides the actual selling and bargaining that is part and parcel of khat sale, the groups of women sitting in these open places attract many people - especially friends, and hence making such places meeting and gossiping places (see Photographs Two and Three.

Photograph 2



Photograph 3



The hawkers who sell food commodities like milk and vegetables slowly give way to the khat sellers as it gets towards evening, and the former virtually disappear towards late afternoon and early evening. Most of the khat retailers get their customers around this time as this is the time the khat is fresh and it is also the hour most formally employed persons leave office and thus pass along to get their share of khat.

After the hubbub of brisk selling of khat that occurs between late afternoon through to early evening - mostly between 4.00 p.m. and 9.00 p.m. - khat selling spots are very easily identifiable because of the khat litter that is left lying around; these include banana leaves (used for wrapping khat), khat twigs and leaves, chewed up khat and sweets paper wrappings.

Besides the three named and observed streets, khat selling goes on in many other places. In one of the most densely populated 'Bullas', thirty seven such spots were counted - identification being made possible by banana leaves hung on the doors. In another residential area nearer town, fourteen such places were counted. Khat sellers were however very few or absent from the area of town inhabited by many Senior Civil Servants. This is mainly because many

such persons are not indigenous to the area and hence prefer alcohol to khat as a recreational pass-time, and also this section of the town is sparsely populated and hence less market for khat - the few khat users who live here, mostly have transportation means to use for collecting khat from town.

To assess the amount of khat that is bought, who buys it, when it is bought and the general trends and activities that go on in khat selling spots, the researcher picked a few such areas randomly and sat with the retailers as they went about their business. A questionnaire was also administered to thirty randomly picked khat retailers.

The activities of seven different women on five different days were observed. It became clear that the majority of the women had an average of  $2\frac{1}{2}$  Mardufs or 25 kilos of khat each (a kilo of khat is not the same amount as the normal kilogramme but is a specific amount of khat that is used as a measure in khat retailing (see Photograph No. 4).)

Photograph No. 4



Photograph No. 4 Two Kilos of Khat



While the kilo is the retail measure, the 'Marduf' and the sacks are the measures used in the whole sale trade. A Marduf contains about 10 kilos of khat that are tied together in small sacks (Photograph No. 5). Many 'Mardufs' are then tied together in one big sack which is then used by the wholesalers and the transporters (Photograph No. 6).

Photograph No. 5



Photograph No. 5 : ONE 'MARDUF' OF KHAT

Photograph No. 6



Photograph No. 6 : A SACK OF KHAT

The majority of the people bought an average of three kilos of khat, only a few buying more or less than this. The average number of customers per day for most of the retailers ranged from seven to ten; however there were a few well established women who sold upto four 'Mardufs' or forty kilos of khat and more in one single day. The limited number of customers for many of the retailers is caused by the vast number of women engaged in the trade.

Besides the average of about three kilos bought by most people, a lot of khat can be bought by one person on certain occasions like weddings, births and other ceremonies. During the observation period two such sales were made, one of twenty five kilos and another of sixty kilos - in such a situation the women usually pooled their khat so as to meet the demand.

As a result of the very large numbers of women engaged in the khat trade, competition and rivalries are very intense. Each group of women or individual sellers try as much as possible to attract as many customers as possible. Most of them act extra courteous and sometimes even reduce prices. A few of them, especially the ones who are still new to the trade, give khat on credit so as to attract more customers; this was however mostly a mistaken notion as many of them run at a loss because of bad and

habitual creditors. This mistake in nearly all the instances was rectified after about a year in the business.

The answers given by the 30 retailers interviewed (following section) closely corresponded to what was actually observed. Eighty six percent of the retailers had an average of about 25 to 30 kilos of khat and seventy-percent of them mentioned young working males and businessmen as their major customers. Many of them also mentioned the amount of khat bought by most people as being an average of 3 kilos.

## II EXTENT OF USE AND CHARACTERISTICS OF USERS

### (a) EXTENT OF USE

The volume of khat transportation and importation into Garissa and the brisk trade in buying and selling it on a retail basis are important indicators of the high rates of khat use. This was confirmed by a general survey that covered most parts of the town, in which one hundred and fifty respondents were interviewed from randomly selected households (these respondents comprised about 1% of the total population of the town which is about 15,000). The objective here was to find out the percentage of households which had at least one khat chewer, the general patterns, extent

and causes of khat use; and several other aspects of the everyday living of the people of the area.

Out of the total of one hundred and fifty households interviewed, 94 (62.7%) had at least one chewer; 45 (30%) had no chewers and 11 (7.3%) had a member who was a chewer at one time but had stopped doing so; 110 (73%) including both chewers and non-chewers had at least one or more relatives who chewed (Tables 5 and 6)

TABLE 5 : NUMBER OF HOUSEHOLDS WITH CHEWERS  
NON-CHEWERS & EX-CHEWERS (STOPPED)

Khat Chewers	94 (62.7%)
Non Chewers	45 (30.0%)
Stopped	11 (7.3%)
Total	150 (100%)

Although only about 63% of the households interviewed had khat chewers, a bigger percentage, 73%, mentioned that they had one or more close relatives who chewed (Table No. 6).

TABLE 6 : INCIDENCES OF HAVING RELATIVES WHO CHEWED  
KHAT FOR THE CHEWERS, NON-CHEWERS + THOSE WHO STOPPED

Relation to Respondent	<u>Respondents</u>		
	Chewers	Non-Chewers	Stopped
Brothers	21 (22.3%)	11 (24.4%)	3 (27.3%)
Several Male Relatives	26 (27.7%)	5 (11.1%)	3 (27.3%)
Father, Brother and Husband	-	6 (13.3%)	-
Only Husband	-	9 (20%)	-
Female Relatives	5 (5.3%)	1 (2.2%)	1 (9.1%)
Only Father	3 (3.2%)	2 (4.4%)	-
Son/Sons	1 (1.1%)	1 (2.2%)	-
Brothers and Father	8 (8.5%)	3 (6.7%)	1 (9.1%)
None	30 (31.3%)	7 (15.6%)	3 (27.3%)
TOTAL	94 (100%)	45 (100%)	11 (100%)

Most of the chewers - 68%, said that their khat chewing showed an upward trend, both in the time used and amount consumed. The reasons these respondents gave for their increased use of khat included; getting addicted to it and being unable to do without it (30%); and a combination of many factors which included availability of money and time, conducive environment, more problems and freedom from parental or school control (70%).

Only about 13% of the chewers were chewing less khat now than when they started, and another 13% were using about the same amount as when they started. The respondents who were chewing less indicated that they did so because of inflation; because it affected their health negatively; because of lack of time and because of a change of environment. Those who stopped chewing said they did so because they realised that it wasted their time and money; that it made them unhealthy; that chewing did not meet with their original expectations; that it negatively interfered with many aspects of their lives, like their marriages and work; because of a change of environment; and because of religious and moral reasons.

(b) CHARACTERISTICS OF KHAT CHEWERS

Khat chewers were found to be present in nearly all age - occupational - income - and educational groups; in both sexes, and in all marital statuses. However, the percentages of chewers and non-chewers greatly differed according to groups. The data collected using various methods in many instances complemented each other. In this section, data on the different aspects of the lives of the respondents will be presented and an analysis made of the possible connection between the different variables and khat use or non-use.

The twenty key respondents interviewed in the beginning of the study had various opinions about the categories of khat users (Table No. 7).

TABLE NO. 7 : CATEGORY OF USERS - ACCORDING TO THE KEY RESPONDENTS

CATEGORY	NO. OF RESPONDENTS	%
1. Males, mostly between the ages of 16-45 years both single and married	10	50
2. Males, between the ages of 16-45 years, although an increasing number of women chew	9	45
3. Young working males and a few school leavers, a few old men and divorcees	1	5
Total	20	100%

(i) SEX

The opinion held by many people and also voiced by the key respondents in the above table, that most khat chewers are young men was to a great extent proved right by the data collected in the general survey.

Out of the total of 109 males, 84 (77%) were chewers and only 10 (24%) of the women were khat chewers (Table No. 8). Thus we see khat chewing is a male dominated activity.

Most of the non-chewers, who also happen to be women, indicated that they did not chew khat and they will never think of doing so because they are not men. There seem to be very strong societal sanctions against women who chew khat; those who do so are branded undesirable, immoral and loose women. The few women who admitted chewing khat were either elderly women, divorcees, or educated and economically independent women. There is however, a belief that there are far more women khat chewers than is publicly known but the assumption cannot be demonstrated because they never chew or buy khat in public.

TABLE NO. 8 : KHAT CHEWING vs SEX

	Male	Female	Total
Chewers	84 (77.1%)	10 (24.4%)	94 (62.7%)
Non-Chewers	14 (12.8%)	31 (75.6%)	45 (30%)
Stopped	11 (10.1%)	- (0%)	11 (7.3%)
	109 (100%)	41 (100%)	150 (100%)

(ii) AGE

The age group that was mostly represented amongst the chewers was that of 21 to 30 years, this group comprised about 57% of the chewers, they were followed by the age group of 31 to 40 years who made up about 24%



of the chewers. The groups least represented were the age groups of 20 years and less and those of 41 years and above who made up about 10% and 8% of the chewers respectively - (Table No. 9).

TABLE NO. 9 : AGE vs KHAT CHEWING

AGE	KHAT CHEWING			
	CHEWERS	STOPPED	NON-CHEWERS	ROW TOTAL + PERCENTAGES
1-20 years	9 (9.7%)	2 (18.2%)	5 (11.1%)	16 (10.7%)
21-30 "	54 (56.9%)	6 (54.5%)	21 (46.7%)	81 (53.7%)
31-40 "	22 (23.6%)	3 (27.3%)	11 (24.5%)	36 (24.2%)
41 & above	7 ( 7.6%)	- (0%)	7 (15.5%)	14 ( 9.4%)
Don't know	2 (2.2.%)	- (0%)	1 (2.2%)	3 ( 2.0%)
TOTAL	94 (100%)	11 (100%)	45 (100%)	150 (100%)

A closer analysis however, showed that age might not be a very important determinant of khat use (table 10). This could mainly be because the basic causes of khat use in the first place ( as discussed in Chap. 5) are fairly extensive and tend to penetrate all age groups. However there were still slight differences in the prevalence of khat chewing amongst the different age groups - showing that some age groups were more represented amongst the chewers than the non-chewers. The age group of 21 to 30 years were more represented amongst the chewers with nearly 67% of their total population being chewers; they were closely followed

by the age group of 31 to 40 years who had 61% of their members being chewers. The age group of 41 years and above and 20 years and below had a slightly less percentage of chewer than the other two groups, as they had about 56% and 50% of chewers respectively (Table No. 10).

TABLE NO. 10 : KHAT CHEWING vs AGE

AGE

	1-20 Years	21-30 Yrs.	31-40 Yrs.	41 ++	Don't know
Chewers	9 (56.2%)	54 (66.7%)	22 (61.2%)	7 (50%)	2 (67%)
Non-Chewers	5 (31.3%)	21 (25.9%)	3 (8.3%)	7 (50%)	1 (33%)
Stopped	2 (12.5%)	6 (7.4%)	11 (30.5%)	- (0%)	- (0%)
Total	16 (100%)	81 (100%)	36 (100%)	14 (100%)	3 (100%)

Chewing tends to start in early adulthood and more people engage in it as age increases until by the age of forty fewer than 10% have never indulged in the habit. On the other hand the overall percentage of chewers declines a little after the age of thirty because of an increase in the number of people who quit the habit for the reasons given above.

(iii) MARITAL STATUS

Single persons were slightly more represented amongst the chewers as they comprised about 46% of

all the chewers, followed by married persons who made up about 44% of the chewers, while the separated and divorced made up about 10% of the chewers (Table No. 11).

TABLE NO. 11 : MARITAL STATUS AND KHAT CHEWING

KHAT CHEWING				
Marital Status	Chewers	Stopped	Non-Chewers	Total
Single	43 (45.7%)	5 (45.5%)	13 (28.9%)	61 (40.7%)
Married	41 (43.6%)	6 (54.5%)	22 (48.9%)	69 (46.0%)
Divorced	6 (6.4%)	- (0%)	8 (17.8%)	14 (9.3%)
Separated	3 (3.2%)	- (0%)	- (0%)	3 (2.0%)
Widowed	1 (1.1%)	- (0%)	2 (4.4%)	3 (2.0%)
Total	94 (100%)	11 (100%)	45 (100%)	150 (100%)

Marital status does not seem to be a very important determinant of khat use as there is a high proportion of khat users in all groups. However, there is still slight differences in prevalence of chewing amongst the different groups. The single persons in the sample population had the most chewers, as about 70% of them were chewers while only 21% were not. Married persons had about 59% chewers and 32% non-chewers. The separated and divorced had about 53% chewers and 47% non-chewers in their total population - (Table No. 12).

TABLE NO. 12 : KHAT-CHEWING vs MARITAL STATUS

MARITAL STATUS

	Single	Married	Sep. + Divorced	Others
Chewers	43 (70.5%)	41 (59.4%)	9 (52.9%)	1 (33.3%)
Stopped	5 ( 8.7%)	6 ( 8.7%)	- (0%)	- (0%)
Non-Chewers	13 (21.3%)	22 (31.9%)	8 (47.1%)	2 (66.7%)
Total	61 (100%)	69 (100%)	17 (100%)	3 (100%)

Therefore it seems that the unmarried status makes a person more prone to the habit of khat chewing and on the other hand marriages seems to help in stopping the habit.

(iv) LEVEL OF EDUCATION

The majority of the chewers, just about 70%, have a secondary school level of education and above, while 51%<sup>4</sup> the non-chewers had no education at all, or had only a primary level of education. Those still in school were equally represented amongst the chewers and the non-chewers (Table No. 13).

TABLE NO. 13 : LEVELS OF EDUCATION vs KHAT CHEWING

KHAT CHEWING

Levels of Educ.	Chewers	Stopped	Non-Chewers	Total
None	11 (11.7%)	2 (18.2%)	23 (51.1%)	36 (24%)
Still in School	4 (4.3%)	- (0)	4 (8.9%)	8 (5.3%)
Primary School	8 (8.5%)	1 (9.1%)	5 (11.1%)	14 (9.3%)
Sec. School	49 (52.1%)	5 (45.5%)	8 (17.8%)	62 (41.3%)
A Levels and Above	17 (18.1%)	3 (27.3%)	5 (11.1%)	25 (16.7%)
Others e.g. Koranic School	5 (5.3%)	- (0)	- (0%)	5 (3.3%)
	94 (100%)	11 (100%)	45 (100%)	150 (100%)

The attainment of a certain educational level seem to be closely related to khat use or non-use. The group which had the highest proportion of chewers was that made up of those with a secondary school level of education and above, as they had slightly more than 76% chewers in their total population, and only slightly less than 15% non-chewers. Primary school level persons were also more represented amongst the chewers, as 57% of them were chewers and 36% non-chewers, but this proportion is far less than those with a higher level of education. Persons who had no formal education at all were the ones who used khat least as only 31% of them chewed, while 64% were non-chewers (Table No. 14).

TABLE NO. 14 : KHAT CHEWING VS LEVELS OF EDUCATION

	LEVELS OF EDUCATION				
	None	Still in School	Primary	Sec. & Above	Others
Chewers	11(30.6%)	4(50%)	8(57.2%)	66(75.9%)	5(100%)
Stopped	2( 5.6%)	-(0%)	1( 7.1%)	8( 9.2%)	- (0%)
Non-Chewers	23(63.8%)	4(50%)	5(35.7%)	13(14.9%)	4 (0%)
	36 (100%)	8 (100%)	14 (100%)	87 (100%)	5 (100%)

From the above figures, it can be said that those who had been most successful, educationwise in

particular and in view of the generally low school enrolment in the province, also turn out to be the most likely users of the drug. The reasons behind the high drug usage among this group are discussed in detail in chapter five.

(v) INCOME

According to incomes, there were nearly the same number of chewers (10%) and non-chewers (10%) who earned nothing at all. However, for the lowest income group of Sh. 500/= a month and below, there were far more non-chewers (25%) than chewers, who made up only 3% of the total population of chewers. Also, in the low income category of Sh. 500/= to Sh. 1,500/= a month, there were more non-chewers (43%) than chewers (31%). The high income category of Sh. 1,501/= to Sh. 4,000/= a month made up slightly more than 56% of the chewers and about 18% of the non-chewers (Table No. 15).

TABLE NO. 15 : INCOME VS KHAT CHEWING

KHAT CHEWING

	Chewers	Stopped	Non-Chewers	Total + %
None	9 (9.6%)	1 (9.1%)	5 (11.2%)	15 (10%)
Less than Sh.500 a month	3 (3.2%)	1 (9.1%)	11 (24.5%)	15 (10%)
Sh.501 - Sh. 1,500 a month	29 (30.9%)	2 (18.2%)	19 (42.5%)	50 (33.3%)
Sh.1,501 - Sh.2,500 a month	27 (28.7%)	5 (45.4%)	2 (4.4%)	34 (22.7%)
Sh.2,501 - Sh. 3,000 a month	7 (7.4%)	- (0%)	3 (6.7%)	10 (6.7%)
Sh.3,001 - Sh.4,000	9 (9.6%)	1 (9.1%)	2 (4.4%)	12 (8.0%)
Sh.4,001 and above	5 (5.3%)	- (0%)	- (0%)	5 (3.3%)
No Response	5 (5.3%)	1 (9.1%)	3 (6.6%)	9 (6.0%)
<b>TOTAL</b>	<b>94 (100%)</b>	<b>11 (100%)</b>	<b>45 (100%)</b>	<b>150 (100%)</b>



Income category seems to have an effect on khat use, especially when the assessment is done with the respondent's occupations discussed below in mind. Those who earned nothing at all were more represented amongst the chewers - (60%) than amongst the non-chewers where they comprised only about 33% of their total number. The respondents earning Sh. 500/= and below per month were most represented amongst the non-chewers - (73%) as opposed to only 20% of them who were chewers. (Table No. 16).

A part from the case of those who had no income at all - who were more amongst the chewers than amongst the non-chewers - all the other income categories seem to show a trend of rising consumption as income increases. Thus we see a percentage - average of 81% chewers in the income category of Sh. 1,500/= a month and above as opposed to an average of only about 13% non-chewers in the same income category. On the other hand there are only about an average of 39% chewers in the income category of Sh. 1,500/= and below per month, while there is an average of about 56% non-chewers in the same income group. (Table No. 16).

TABLE NO. 16 : KHAT CHEWING VS INCOME

INCOME (SHILLINGS PER MONTH)

	None	Less than 500/=	501/= - 1,500/=	1,501/= - 2,500/=	2,501/= - 3,000/=	3,001/= - 4,000/=	4,000/= +	Others
Chewers	9 (60%)	3 (20%)	29 (58%)	27(79.4%)	7 (70%)	9 (75%)	5 (100%)	5(55.6%)
Stopped	1 (6.7%)	1 (6.7%)	2 (4%)	5(14.7%)	-	1 (8.3%)	-	1(11.1%)
Non-Chewers	5 (33.3%)	11(73.3%)	17 (38%)	2(5.9%)	3 (30%)	2(16.7%)	-	3(33.49%)
TOTAL	15 (100%)	15 (100%)	50 (100%)	34 (100%)	10(100%)	12(100%)	5 (100%)	9(100%)

(vi) OCCUPATION

The occupational group which had the most chewers was medium level formal sector employment, they comprised about 49% of the chewers and about 55% of those who had stopped chewing. Medium level employment here referred to those people who can be conveniently grouped in the government scale of Job Group 'G' earning anything from Sh. 1,500/= a month to Sh. 2,500/=. This group was followed by those who held senior level jobs (Job Group 'H' and above), and they comprised about 10% of the chewers. Small informal businessmen - who include people like street hawkers, market women and very small shop owners (earning Sh. 500/= and less in a month) - were then the single occupational group, amongst ten others, who were the most amongst the non-chewers - (31%) (Table No. 17).

All the occupational groups, with the exception of two had a higher representation of chewers than non-chewers. The unemployed had the highest number of chewers in their total population (83%). This group was then followed by the formally employed (in all job levels), who had about 82% chewers in their total population, as opposed to only 12% non-chewers. (Table No. 18).

TABLE NO. 17 : OCCUPATION VS KHAT CHEWING

KHAT CHEWING

Occupation	Chewers	Stopped	Non-Chewers	Total + %
Senior Level Jobs ('H' & Above)	9 (9.6%)	1 (9.1%)	1 (2.2%)	11 (7.3%)
Medium Level Jobs (Group 'G')	46 (48.8%)	6 (54.5%)	10 (22.2%)	62 (41.3%)
Lower Level Jobs	8 (8.5%)	- (0)	1 (2.2%)	9 (6.0%)
Big Business	5 (5.3%)	- (0)	2 (4.4%)	7 (4.7%)
Medium Sized Business	6 (6.4%)	2 (18.3%)	5 (11.1%)	13 (8.7%)
Small Business (e.g. Hawker)	4 (4.3%)	- (0)	14 (31.2%)	18 (12.0%)
Informal Jobs (e.g. Village Head)	4 (4.3%)	1 (9.1%)	1 (2.2%)	6 (4.0%)
Student	6 (6.4%)	1 (9.1%)	4 (9.0%)	11 (7.3%)
House-wife	1 (1.1%)	- (0)	6 (13.3%)	7 (4.7%)
None	5 (5.3%)	- (0)	1 (2.2%)	6 (4.0%)
<b>TOTAL</b>	<b>94 (100%)</b>	<b>11 (100%)</b>	<b>45 (100%)</b>	<b>150 (100%)</b>

TABLE NO. 18 : KHAT CHEWING VS OCCUPATION

	OCCUPATION									
	None	Senior Job Group	Medium Job Group	Low Job Group	Big Business	Medium Business	Small Business	Informal Jobs	Student	H. Wife
Chewers	5(83.3%)	9(81.1%)	46(74.2)	8(88.9%)	5(71.4%)	6(46.2%)	4(22.2%)	4(66.8)	6(54.5)	1(14.3%)
Stopped	0 (0)	1(9.1%)	6(9.7%)	- (0)	- (0)	2(15.4%)	- (0)	1(16.6)	1 (9.1)	- (0)
Non-Chewers	1(16.7)	1(9.1%)	10(16.1%)	1(11.1%)	2(28.6%)	5(38.4%)	14(77.8%)	1(16.6)	4(36.4)	6(85.7%)
TOTAL	6(100%)	11(100%)	62(100%)	9(100%)	7(100%)	13(100%)	18(100%)	6(100%)	11(100%)	7(100%)

The two occupational groups which had the least numbers of chewers were small businessmen/women and housewives. Housewives were comprised of 14% chewers and 86% non-chewers, while the small business people (hawkers and market women) had 22% chewers and 78% non-chewers. Most of these people were women who earned Sh. 500/= and less in a month (Table No. 18).

Here we note that it is employment rather than level of income which leads to high rates of khat use. Thus both unemployment and the conditions of employment for those who are employed, are the crucial factors in looking for cues to the causes of khat use.

(c) PROFILE OF THE KHAT USERS AND NON-USERS

Using tables 8, 9, 11, 13, 15 and 17, a general description of the persons who chew khat and those who do not can be put forth. Firstly, it can be said that the majority of the khat-chewers in Garissa are males of mostly between 21 and 40 years of age. As to marital status, <sup>both</sup> the married and unmarried respondents form the bulk of the chewers.

Educationwise, persons with a secondary school level of education are the majority amongst the chewers. Most of these chewers earn an average income of Sh. 1,500/= a month and above and are employed in various levels in formal organizations.

Having sketched the chewers population it is clear that the category does not comprise a cross-section of the population - they are mostly male and educated. As the alternative tables 10, 12, 14, 16 and 18 show, the habit is particularly frequent among those with education and jobs or those who expected to be employed but are idle rather than self-employed. This situation mostly affects the males more than the females. Some of the reasons why this might be so will be pursued in chapter five, but first of all we will look at khat associated problems in order to round out our description of the phenomenon.

## CHAPTER FOUR

### KHAT ASSOCIATED PROBLEMS

There is a belief amongst various persons and authorities, as is illustrated in the literature reviewed, that persons who abuse khat may end up with problems of various kinds. The problems mentioned encompass nearly all aspects of human life - social, economic, psychological and medical.

The socio-economic problems mentioned by among others Acuda, 1981; Baasher, 1980; Getahun, 1973; Maitai, 1973; Mungai, 1982; Quantai, 1982; and in a number of W.H.O. publications include family instability because of the economic drain on family resources and because of the spouses constant absence from home; reduced work productivity as a result of absenteeism, tardiness and the depressed mood of the khat abusers; preoccupation with the attainment and use of khat; poor performance in school; and the neglect of all other societal activities.

The medical problems mentioned by among others, Acuda, 1981; Baasher, 1980; Korpassy, 1949 and several W.H.O. manuals include psychosis, digestive problems, oesophageal cancer, cardiovascular complications like high blood pressure, liver cirrhosis, anorexia or lack of appetite, sexual impotency, insomania and teeth problems.



Thus from the above views and from the day-to-day observation of khat use in Kenya, a hypothesis was formulated to test the validity of these widely held beliefs. The hypothesis used was:-

"If people chew khat they are more likely to have socio-economic problems because of it."

Because of the general approach of the study and also because of its multi-objective approach it was not possible to test experimentally the relationship between specific problems and khat abuse. Thus much of the data presented in this chapter might be said to provide a general outline of the problems that outwardly appear to be related to khat abuse.

The aim here is therefore to report on the observed incidences and kinds of social problems khat abuse~~s~~ experience. Besides a few problems that were readily observable in the town, most of the problems discussed here were derived from interviews of the general population, and key respondents, and from case studies done on people who were identified by one person or another as being very heavy khat chewers and as having problems of some kind or the other.

From the study done of the general population of Garissa town, a number of factors which could be termed as problems or indicators of problems were

in evidence. The most obvious and readily observable problems were the time and money used on the purchase and use of the drug. Out of all the respondents who were chewers, 77% chewed everyday or for 2 - 4 days in a week and 90% of them, including some who did not chew everyday or for 2 - 4 days a week, chewed for four hours and above every time they chewed. A negligible number - 2% chewed for less than two hours every time they chewed. When the high frequency and long duration of chewing is taken into consideration and taking into account the activities done when chewing (mostly non-productive, as chewing requires utmost comfort), one realises that there/indeed a lot of time wasted. The majority (80%) /is of the chewers like idle chatting, listening to music playing cards and other non-constructive pleasurable activities while chewing. Only a small percentage (11%) indicated engaging in work or reading while they chewed.

The responses given also indicated that there was unnecessary wastage of money and that in some cases this wastage could have led to some deprivation in other spheres of life. Many of the chewers (80%) used an average of 3 kilos of khat everytime they chewed; and this when added to other expenses like soft drinks, sweets, spices and beverages totalled to an average of about (30 to 50 shillings) each day. Thus those who chewed everyday (45%) used between Sh. 900/= and Sh. 1,500/= a month, and those who chewed 2 - 4 days in a week used anything between about Sh. 300/= and Sh. 800/= a month. These expenses become particularly

high when it is taken into consideration that many of the chewers - (72%) earned less than Sh. 2,500/= a month and many of them (70%) had dependants who were relying on them, forty five percent of these had 5 and more dependants and (25%) had 1-4 dependants. Only about (15%) of the chewers could be said to be high income earners - Sh. 3,000/= and above in a month.

Other factors which highlighted the presence of some kind of problem included whether a person was a chewer or not and the time he used compared with the occupation he/she held; the marital status of the chewer when compared to where and with whom he chewed and for how long, and finally the reasons given by the respondents for chewing less khat could also be used as indicators of problems.

As mentioned earlier, we have seen that the majority of the chewers slightly more than 66% were people who held some kind of formal employment which requires attendance for most of the day. However, we have seen that many of the chewers (90%), chewed for 4 hours and above everytime they chewed and many of them (77%) chewed it everyday or for 2 - 4 days in a week. What results is that many of these chewers do not actually get enough sleep and rest; thus it can be deduced that they may suffer from the hangovers and the generally

depressed mood that results after a long night of chewing and hence may not be very productive at work. Students, and other workers e.g. domestic employees, who made up about (10%) of the respondent, may be affected in the same way.

Problems were not lacking in those circumstances where married people chewed outside their homes and for very long periods. This resulted in marital problems brought about by the constant absence of one spouse (usually the husband) from home and hence complaints of a drain of family resources, too much attention to members of the opposite sex other than the wife, and the inability of children to associate with one of their parents. Of all the respondents who were married, only 26% chewed *in* their houses everytime they chewed, another (37%) chewed either in their houses or in friends houses and (37%) never chewed in their houses. For those chewers who never chewed at home the problems mentioned above may arise (marital instability due to absent father). However, even those who chew at home have their own set of problems. First of all there is the influence on children who might pick up the habit by copying their parents. Secondly there is the general disturbance of the household as khat chewers take up a lot of space and they demand constant attention for the provision of things like tea, soda or coffee - the wife in this case cannot also effectively interact with her husband as he is usually with chewing friends.

The respondents who indicated having stopped chewing and those who mentioned chewing less khat than when they started doing so, mostly gave problems as the major cause of their stopping or using less khat. Seventy three percent of those who stopped chewing did so because of either economic, social or health problems, and (94%) of those who were chewing less did so for the same reasons.

The twenty key respondents who were interviewed also held the belief that khat abuse led to problems of various kinds. The following table No. 19 shows the problems mentioned by the key respondents and the number and percentage who gave each reason.

N.B. most gave more than one answer.

TABLE NO. 19 : KHAT ASSOCIATED PROBLEMS - KEY RESPONDENTS

Problem	No. of Respondents	%
Shortage of money for other purposes	14	70
General Social disorder + immorality	13	65
Wastes a lot of time + unproductivity	13	65
Family instability	12	60
Poor health	11	55
Creates false feelings of well-being	4	20
Leads to the use of harder drugs	4	20
Misleads youths and students	4	20

Besides the deductions made from the above findings observation of the khat trade in Garissa also showed that there is something wrong somewhere. The importance and prominence given to khat trade in Garissa (described in chapter 3) raises the vital question as to what has really made the use and sale of khat such an important activity, especially when it is taken into consideration that khat is a drug of no known nutritional or medical value. Some of the reasons for the widespread use of the drug will be looked at in following chapter 4, but the problem of the people's preoccupation with khat remains. When one observes the importance attached to the attainment and sale of the drug and the number of people who are involved in it, and then compares it to the absence or scarcity of many other essential commodities, and the lack of any obvious effort to attain them then it becomes obvious that there is a problem of misplaced needs and priorities and hence, most likely a deeper and hidden problem for such a thing to occur.

#### (H) Case-studies

A general description of problems as deduced from the answers given by various respondents and from observations has been given above. However, there is a need for detailed illustrations of some of the problems mentioned above, and in this connection

several case-studies of persons who were identified as having some kind of problems were undertaken. These persons were identified with the help of people like social workers who were familiar with the people and the area; identification was also made from the general survey that covered most parts of the town and in one instance one of the subjects contacted the researcher personally.

All the cases presented below had some outward or visible problems that could be easily associated with khat abuse. However, there was the problem of antecedent causes as there was no way the researcher could control or study independently some of these intervening factors, both because of the nature and because of the duration of study. Thus most of the problems /the given below are outward and easily identifiable khat - associated problems. The testing of the null or alternate hypothesis was not done however, hence some of assertions are open to review and most of the issues underlined are ideal for a further detailed study.

(a) CASE STUDY NUMBER ONE

This particular respondent who will be referred to as Mrs. 'Y', was contacted with the help of a social worker. Mrs. 'Y' is a married woman of approximately 40 years of age, she is unemployed and has no education at all. Mrs. 'Y's husband is a

casual labourer and also has no education. This couple have eight children of whom only two attend school - one on a secondary school bursary from a local religious group while the other goes to a government primary school which is free, with the school uniform being provided by a government social worker.

After contact was made with the above family with the help of the social worker, interviewing and observation was done both at their home and at the outside work environment.

Like most of the other case-studies undertaken, the focal point of the study was not on the abuser himself but on the outside, especially the family. Thus in this case the abuser was the husband but the ill effects showed more directly on his family than on himself. Mr. 'Y' worked as a casual labourer in a local organization and earned Sh. 900/= a month.

On visiting Mrs. 'Y' at her home, it was discovered that she and her children lived in real poverty. Their house was a shabby little room with scarce and derelict furnishing. Four of the eight children were mostly at home whenever a visit was made; two boys of about 13 and 14 years of age were usually out and the mother was never sure of their whereabouts, but assumed that



they were roaming about in town. Mrs. 'Y' and her children looked undernourished, poorly dressed and unhappy most of the time.

Mr. 'Y' is a heavy khat chewer, who chewed every-day and for very long hours, sometimes for the whole night. Immediately Mr. 'Y' left work in the late afternoon, he went off to chew with friends, and on the few occasions that he came home straight from work, he somehow forced his wife to chew with him as he claimed that he could not chew without company. The children, on the few days their father chewed at home, were kept in constant attendance as they were needed for errands and the provision of such things as tea, water or cigarettes, which are necessary additives that go with khat. Close observation of the home on the few occasions the father chewed at home showed that there was some kind of suppressed 'anxiety' coupled with some kind of excitement both in the mother and in the children. This anxiety and excitement was interpreted to be probably caused by the overpowering and aggressive presence of the father, with his constant demands and by his mere presence as he was normally more away than present.

When Mrs. 'Y' was questioned about her acceptance to chew with her husband on the days he stayed at home,

when she claimed to hate the habit, she replied that this was the only way to keep her husband at home, otherwise they hardly ever saw him. She also added that Mr. 'Y', on the few occasions he chewed at home, gave her some money; this generosity (probably caused by the feeling of well-being and exhilaration that results from chewing) could have been directed elsewhere if he were not at home. Other than these rare occasions when Mr. 'Y' gave his wife money, he used his entire salary on khat and other expenses, for example cigarettes, spices, sometimes women that and normally go along with it.

This family thus kept alive on famine relief provided by the government. In return for this aid, Mrs. 'Y' and some of her children were made to water young trees in public places. She hated doing this work as she claimed that it carried a lot of stigma, especially when she had an able bodied working husband, thus she felt desperate and very unhappy about her situation. She recalled that they had none of the problems they were experiencing before her husband started chewing khat. His chewing started sometime after they had their fifth child and had since progressed on the upward trend. Mrs. 'Y' also added that besides the fact that her husband, was not providing for them, he had also stopped functioning as a husband in all other ways - Although Mrs. 'Y' did not directly

say that she was talking of their sex life (the society is not very open about such matters), the implication was easy to deduce from the way she talked.

A visit to Mr. Y's place of work showed that he actually chewed alot. On several occasions (4 in the recent past) he had reported to work still chewing from the previous night's session. On other occasions he had been seen looking tired and wearing the hangover ridden face that is common with very heavy chewers. A talk with some of his colleagues revealed that he was a member of a 'khat-buying-pool' - here a number of chewers combined their resources so that they could be assured of khat availability through to the next pay day.

A personal interview with Mr. 'Y' confirmed to a great extent most of the information gotten from others that is, his daily chewing habits and the long duration it took, the amount of money he spent - Sh. 30/= per day and contributions from friends making it even more - - and the presence of problems, especially economic ones at his home. However Mr. 'Y' was not ready to accept that the problems in his home were caused by his chewing - he blamed inflation, the large number of his children, the economic situation of the area and the whole country, his lack of education and hence inability to secure a well paying job, and his

wife for being unable to secure any kind of meaningful employment. When it was mentioned to him that his using Sh. 30/= everyday on khat led to his using his whole salary and sometimes more, Mr. 'Y' was still not ready to take the blame, and asserted that he somehow still managed to support his family - he was not very willing to discuss at any length the possible relationship between his chewing and the problems at home, he often asserted that the problems were magnified by his ever-complaining wife.

Considering the above description of this family many questions and issues relating to the actual or root causes of the problem and other hidden compounding factors arise. The problems of this family can be said to be out-wardly aggravated by the chewing of the father or infact be caused by it. However, there is no way in this study to pin-point the exact causes. As Mr. 'Y' pointed out, their problems could conceivably be caused by any other factors like inflation, poor economic situation in the society at large, a large family or illiteracy. However, it can be confidently assumed that over-use of khat actually worsens the situation and leads to some extra deprivations that might not have been there if the khat abuser used his small income and time in more resourceful ways.

(B) CASE STUDY NUMBER TWO

In this particular case the respondent, who will be referred to as Mrs. 'X', had sought out the researcher when she heard that there was a woman doing a study in connection with the socio-economic problems of khat use and abuse. She did this mainly because she was going through a very distressful time due to her husband's chewing habit, and she very much wanted to talk to someone about it, and she also wanted some of the painful experiences caused by khat abuse to be made public, so that the government could do something about it - possibly ban it.

Mrs. X was aged 24 years and had two children and was pregnant at the time of study. She had attained a secondary school level of education and worked as a clerk earning Sh. 1,200/= a month. Mr. X was a 25 years old civil servant, also with a secondary school level of education, earning about Sh. 2,500/= a month.

Mr. X chewed khat everyday after working hours. However, he never chewed at his house but with friends in town. His wife believed that he mostly chewed with other women, who made their incomes from such men. Mr. X hardly ever came home immediately after work. On the few occasions he came, it was only for a few minutes and off he went again appearing back at home very late, mostly between 2 and 3 a.m. in the morning. Mrs. X also

said that her husband on a few occasions (mostly weekends) had failed to appear at home at all until the next morning. Thus Mrs. X and her children hardly ever saw their husband and father except in the mornings when he was in a terribly depressed and fatigued condition. At these times he did not say much to his wife except to be repentant and sorry - but once he went he reappeared again long after midnight.

Mr. X like many other khat abusers used nearly all his income on khat and the many other expenses that go with it. Thus Mrs. X with her small income, which was half of what her husband earned, took care of all the family expenses. Mrs. X, stated that her husband had become worse in the previous  $1\frac{1}{2}$  years - she thought this happened when he started combining khat with other chemical drugs. Mr. X had originally denied taking the chemical drugs (sedatives, barbiturates etc.) but admitted the fact when his wife found samples of them in his pockets.

The above information concerning Mr. X was given to the researcher in great distress by Mrs. X; she kept on stressing the gravity of the matter. Besides lengthy talks with her (which seemed to help) it was made clear to Mrs. X that this was only a preliminary study that might not have any drastic immediate effect and that it was hoped that something was going to be done

in the near future. She understood this and added that she was glad to give the information so that it would be shared by others and hence a combined effort could be made to curb the negative effects of khat use.

In a closer observation of the X's family, most of Mrs. X's assertion were proven to be true. During a time period of one week in which the researcher stayed in the X's home, Mr. X never came home earlier than 2 a.m. (in the morning). When he awoke in the morning he was usually in a very gloomy mood and said very little until he left for work - he looked remorseful and rather ashamed trying very hard to avoid his wife's eyes. On no occasion was Mr. X seen contributing anything to his household upkeep - all the purchases were done by Mrs. X.

Observation and investigation at Mr. X's place of work showed that he was terribly tardy, frequently late and ill-tempered and irritable in the morning hours, although his temper improved towards late afternoon. (The researcher was confronted by a very different and cheerful Mr. X on one occasion when he was met in an evening chewing session). On several occasions Mr. X had been seen chewing in the office and had been warned against the habit. However, no khat seller had ever come looking for him in the office because of debts - this was a frequent occurrence with other heavy chewers.

When Mr. X was interviewed, all he could say was that he was misled by the bad influence of friends and he had reached a stage where he could not do without khat or the drugs. He claimed that it all started as a joke and he had never imagined that he would become addicted one day - he claimed to be struggling hard to do away with at least the chemical drugs if not the khat.

Mrs. X, unlike many other women whose husbands had become drug dependant, does not talk about divorce but hopes to find a way of helping her husband out of his predicament.

(c) CASE-STUDY NUMBER THREE

This particular respondent, who will be referred to as Mrs. XY, was contacted in the Kadhi's Court (Islamic Court) after having just gone through a divorce case. Mrs. XY, an uneducated 28-year-old lady with three children, had just divorced her husband for allegedly being constantly absent from home. Mrs. XY asserted that her ex-husband was always away from home chewing either with his male friends or with other women, and thus never contributed anything towards their household expenses.

Mrs. XY started selling khat both as a means of getting money to support her family and as a protestation



against her husband's behaviour. Mrs. XY was thus selling khat in the streets until late at night, however as she could not afford any domestic help, this forced her to leave her small children at home alone.

Mr. XY very strongly disagreed with his wife on the issue of leaving the children on their own. This resulted in frequent quarrels and disagreements between the two which eventually led them to seek help from some elders and the kadhi.

The advice and the intervention that followed reconciled the two for a while. Mr. XY promised to support his family in the future and to give weight to his promise, he gave the kadhi the authority to write to his employer so that half of his salary in the future went directly to his family; he also promised to minimise his chewing, night outings and general absence from home. Mrs. XY in compliance with the new state of affairs immediately abandoned her khat selling and stayed home with the children.

Unfortunately the state of harmony between Mr. and Mrs. XY was very short-lived. For reasons that are not very clear to any of the persons concerned, Mr. XY could not keep his resolve for long - after only about two months of abstinence he went back to heavy

chewing and his old habits. His khat debts mounted, making it impossible for him to continue giving half of his salary to his family. Pressure from khat retailers who wanted their money paid immediately made Mr. XY's employer find it extremely difficult to continue channelling the half income to Mr. XY's family. The old problems and misunderstandings began once again and Mrs. XY resolved to go back to khat selling. This created fresh and grave tensions between the two and at this point Mrs. XY sought a divorce from her husband. She claimed that it was not the first time they were reconciled and after a short while the problems started again.

A closer observation of Mr. XY's movements and way of life actually confirmed many of Mrs. XY's accusations. Talks with Mr. XY's employer, the retailer from whom he bought his miraa, two elders who have been associated with the couple, a few of his neighbours and one of his children all indicated in one way or the another that Mr. XY's chewing habits were the cause of the problems in the family.

The first interview was with Mr. XY's employer (a with a business-man wholesaler whom Mr. XY worked for as a clerk. He confirmed that Mr. XY was indeed a very heavy chewer and on most days he started his chewing in the afternoon while still at work. The employer had received many requests from Mrs. XY to pay some of

her husband's salary to her, he had also gotten many informal requests from elders and one written request from the kadhi's office. However, he had been unable to act on most of them (except for the short durations whereby Mr. XY abstained) because on most occasions miraa retailers came to him with very big bills of Mr. XY's debts. On a few occasions it was all of Mr. XY's Sh. 2,000/= income per month. On many other occasions it was more than  $\frac{4}{5}$  of the income. The employer added that he actually retained Mr. XY on the job only because he was a distant relative of his wife's

An interview with the khat retailer where Mr. XY purchased his khat also showed the excessive chewing of Mr. XY. The figures the retailer gave (recorded in a book kept for creditors) confirmed the information given by Mr. XY's employer. On most occasions he spent more than  $\frac{2}{3}$  of his income and on some occasions he even used more than he earned and the money owed was carried forward to the next month. This particular retailer claimed that she kept giving Mr. XY the khat credit because in spite of his excessive use he was essentially a gentle, kind man who never completely refused to pay what he owed like some people did i.e. so long as he had the money. She also claimed that in most cases he looked in desperate need of the drug and she had to give him. She only became careful in the amount she gave when there was some credit pending from the previous month.

A talk with two village elders who had been involved in various reconciliations between Mr. and Mrs. XY showed no surprise that the two had eventually divorced. They claimed that they saw no way the two could stay together so long as Mr. XY chewed and neglected his family as he did. Conversations with the eldest child in the family and with three neighbours all confirmed the long and continuous absences of Mr. XY from his home.

A talk with Mr. XY himself did not yield much. He felt and strongly asserted that his over-indulgence in khat (which he accepted) was only temporary and his wife should have been more understanding and patient. He claimed that he was constantly thinking of ways and means of minimising his intake which in most days reached upto 5 kilos. When questioned about when and why he started chewing khat heavily, Mr. XY was not very sure but gave some general answers. He blamed friends and the general atmosphere of Garissa for starting him off in the first place - when he first started he never thought that he would be carried to an extreme, but slowly it became a habit. He also blamed his job which he said is a dead-end one with a lot of monotony and no promotions or much financial profit. He said khat helps him to bear the pain of seeing his life take a very useless course.

Mrs. XY also claimed that besides the lack of financial support, other factors which led to their divorce included the growing unhappiness and discontent of her husband as the years progressed. She did not know the real cause of this unhappiness but it greatly contributed to the general disharmony in their home. She also pointed out that her husband's health had greatly deteriorated - she blamed this solely on his excessive khat use and the resultant very poor eating habits. She also pointed out the very poor condition his teeth had fallen into. As testimony to these assertions Mrs. XY showed me photographs of the two of them taken during their wedding - and they actually showed a radiant and healthy couple with Mr. XY portraying a sparkling white denture, which greatly contrasted with the decaying and discoloured state Mr. XYs teeth had subsequently fallen into.

On her future plans, Mrs. XY intended to continue selling khat until she could get enough cash to employ domestic help to look after her children and home while she was away. Meanwhile she left the two younger children in the hands of her eldest daughter - an eight year old, she also claimed that she requested neighbours to keep watch from afar. During school periods the youngest child, a  $3\frac{1}{2}$  year old, was left with a neighbour and was fetched back home either when the mother arrived or the other two children came from school.

The above information gathered from him when Mr. 'M' was first interviewed in the general survey indicated that he was actually indulging in khat use which could cause problems to him and his family. The long hours of daily chewing, the big percentage of his income ( $\frac{3}{5}$ ) which went to khat chewing, and his long hours of absence from his home were all pointers to the kinds of problems /researcher was on the look out for. /the

At the time of /study Mr. 'M's eldest child had just /the joined secondary school. However Mr. 'M' was not able to pay the school fees; an uncle to the child helped with the payment after undue delay from Mr. 'M'. This information given by Mr. 'M's wife was later confirmed by the headmistress of the school where the said child was attending. The other three children were still at primary school.

Observation of Mr. 'M' while at work showed that he mostly looked tired and bored (his looks at work greatly contrasted with how he looked on two occasions he was met while chewing - he was very lively and amiable.) A talk with the head of department in the place Mr. 'M' worked showed that he was often late for work and was generally not very productive. On several occasions he absented himself from work, 7 times in the last 2 months (time of study).

On several occasions (3 times in the recent past as remembered by Mr. 'M's boss) khat selling women had come to him claiming that Mr. 'M' owed them some money and that the money should be given to them before the salary was paid to him otherwise they will not get anything from him.

An interview with Mrs. 'M' confirmed most of the facts gathered from Mr. 'M' and from his place of work.

The family was almost always short of household necessities and the money to purchase them. Mr. 'M' gave very little money to his wife or at times none at all; this placed them in perpetual need of basic essentials. Help from relatives, especially Mrs. 'M's father and Mr. 'M's brother, kept them going for most of the time (the brother confirmed this, however Mrs. 'M's father was not available he lives in Wajir).

Mrs. 'M' claimed that she tried to improve the economic situation of her home by engaging in trade - either miraa trade or travelling to neighbouring countries to bring dress materials for sale (this trade is very profitable and many women engage in it). However, Mr. 'M' vehemently opposed this trade claiming that it was only divorcees and immoral women who sold khat or moved from place to place selling things. A serious row followed

which nearly led to a divorce; however the situation was saved by intervention from relatives - especially Mrs. 'M's father who is greatly opposed to divorce. As part of the solution he promised to support his daughter in some of her needs. Mr. 'M' was also made to promise to support his family in the future.

Unfortunately at the time of this study Mrs. 'M' claimed that there was no improvement whatsoever in their situation. She said that it was only her father's wish that was keeping her, but she foresaw herself asserting herself very strongly in the near future. She also stated that she did not particularly care about the consequences of divorce as her present life was no better.

When I further talked to Mr. 'M', I gathered that he did not particularly think that his excessive miraa use contributed to any of his problems. When in general conversation he was asked whether he thought khat-use caused any problems he strongly pointed out that it did not cause any problems, but rather helped one forget the problems, he already had. In his own situation he mentioned having marital and financial problems. However, when it was tried to explain to Mr. 'M' and make him see the possible connection between his excessive khat use and the problems he had he claimed that he did not see the connection and was reluctant to discuss the issue any further.



The only obvious physical sign that might be an indicator of Mr. 'M's excessive use of khat was the condition of his teeth - which were partially eroded and stained black and dark brown in many places.

(e) CASE STUDY NUMBER : FIVE

Case number five, who will be referred to as Mr. R was a 38-year -old, married man who had six children. Mr. R had no education and worked in a school as a cook, earning Sh. 900/= a month.

At the time of interview, Mr. R had been chewing for 15 years. He claimed that the amount of khat he chewed had remained constant over the years.

Mr. R's supposedly khat associated problems were noticed by the head of the school where he worked (this information was passed to the researcher, when the said head of school was being interviewed in connection with another case under study). Mr. R's problems first came to the open after his wife came to the school complaining about her husband's lack of support. However, Mrs. R could not be helped because Mr. R refused to allow any of his money to be given directly to his wife, claiming that he could take care of his own business

Mr. R's chewing habits all indicated the excesses which were the inevitable causes of problems. He used

an average of about Sh. 30/= every time he chewed - he chewed every-day for an average of about six to seven hours. The total amount of money he used thus nearly always amounted to his whole salary.

When Mr. R's home was visited, extreme poverty was evident everywhere. Out of the six children in the home, two were from a previous marriage (the 1st wife left with one child), the other four children belonged to the present wife. The extreme poverty in the home and the lack of support from the father had led to three of the children being taken to charitable institutions. The other three were precariously fed by the mother who earned some little income from selling sisal - like material (used for building) that she fetched from miles away - this is very hard work as the material is very heavy and has to be carried on the back from seven to ten kilometres away. Mrs. R thus looked very weak and spent-up all the time. Another important indicator of the extreme poverty in this household was the very poor house and the lack of many essential things.

The relationship between Mr. and Mrs. R was very poor. Mrs. 'R' claimed that she just stuck on because there was very little else to do and she did not want to join the hundreds of divorcees. She also resisted government charity because those who took it were made to water trees in public places - She could not stand the stigma of doing such a thing.

When I talked to Mr. 'R' about the situation in his home, he put the whole blame on the fact that he earned very little, and on the very high rates of inflation which render him incapable of helping his family. He seemed to think that his wife could feed the children, and when the difficulty of such a task was pointed out to him he did not seem to care either way - actually throughout the study it was noted that Mr. 'R' did not really care what happened to his family. Thus a major question that was left unanswered by the investigation was whether this lack of interest was caused by his excessive indulgence in khat, or whether he was like that by nature.

On the work front, Mr. 'R' was on the whole not bad, although he normally looked tired and weak in the mornings. However, he rushed out around lunch-time and picked up a kilo of khat which he immediately started chewing while still at work. From here onwards, Mr. 'R' greatly brightened up and became very energetic. On most days he made up for the poor job done in the morning after the commencement of chewing in the afternoon. He also very rarely absented himself from work.

As a result of the low income he got and the need for khat everyday Mr. 'R' and some of his friends had organized themselves in such a way that there was

mutual support for one another. This group also hardly ever bought fresh khat, they went for the previous day's khat which went for throw away prices, but still served the purpose of intoxication. The people with money avoided non-fresh khat mainly because of its hard coarse texture which made it extremely uncomfortable to chew and in many instances caused blisters in the mouth.

CHAPTER FIVE

THE CAUSES OF KHAT USE AND ABUSE

There are many hypothesized causes and theories of drug use and abuse. In this particular study two major hypotheses were put forth to help in the explanation and investigation of drug use and abuse problems. The hypotheses mainly derived from the literature on drug use and abuse; day to day observations of khat use in Kenya were also very helpful in defining other factors like susceptible or vulnerable individuals to khat use and abuse and the social, physical, political and economic conditions that might be conducive to khat use and abuse.

The two hypotheses were:

1. "Individuals who fail to achieve aspired goals are more likely to use khat and possibly abuse it than are individuals who do not experience such failure".
2. "Easy unrestrained association between khat users, abusers, and non-users, and the easy availability of khat promotes its widespread acceptance and use".

The findings of the study confirmed to differing degrees the hypothesized reasons for khat use and abuse. Some of the variables were easily confirmed by the findings, however others were not so obvious

and had only subtle indicators and minimum findings to back them. Additional possible causes of khat use other than those mentioned in the hypotheses also emerged. Some of these secondary findings required new theories to analyse them and thus they have been explained both in conjunction with the already hypothesized reasons and independently.

In this chapter, first an outline of the general causes of khat use and abuse will be given and secondly, an assessment and interpretation of these causes in the light of the hypotheses will be given. An analysis of people who have been identified as excessive khat users and those who are likely victims of abuse, and the special circumstances they find themselves in, is also given.

#### (I) GENERAL CAUSES AND PATTERNS OF KHAT USE

In an attempt to find out what different people thought were the causes of khat use, several categories of people were interviewed. The people interviewed included both khat users and non-users who having lived in the community for long were bound to have useful ideas and opinions as to what exactly made people chew khat.

Twenty key respondents whose opinions were sought attributed the very high rate of khat use and the rapid

increase in its use to several factors and phenomena. Nearly all these respondents gave several reasons for what they thought of as the causes of the high rates of khat use. The following table No. 20 shows the various reasons given by the key respondents and the number and percentage of the respondents who gave each particular answer.

TABLE NO. 20 : REASONS FOR HIGH RATES AND INCREASE OF KHAT USE - KEY RESPONDENTS

Reason	No. of Respondents	%
1. Rapid social change and consequent problems	12	60
2. Physical and social density, influence from society and friends	10	50
3. Lack of alternative leisure activity	7	35
4. Ease of khat availability	7	35
5. Boom and commercialization of khat trade	6	30
6. Frustrations due to unemployment and other problems	6	30
7. More independent young wage earners	4	20
8. Religious laxity	2	10
9. More criminals who need khat for the courage it gives	1	5
10. Nature of work - watchmen, drivers, prostitutes etc.	1	5
11. Alcohol prohibited though still in abundance	1	5

For most people the obvious reason for chewing khat and the one which they are conscious of is that it makes them feel happy and relaxed. Thus khat in most cases is chewed in comfortable places and in as relaxed conditions as possible. Although the khat-chewing rites and regulations that existed in ancient Abbyssinia and in Yemen are not strictly present in Garissa, we still however, see certain patterns in existence.

Most of the chewers interviewed (80%) said that they chew inside their houses or in the houses of friends where they can get a nice, peaceful place to sit with their friends. Most of them (95%) start chewing late in the afternoon and nearly 90% of them continue chewing for 4 hours and above. About 45% of the chewers chew everyday, 32% chew 2 - 4 days in a week, 20% chew once a week or occasionally, and only about 3% said that they chew only rarely.

The activities most chewers - (68%) like engaging in whilst chewing are chatting with friends of either sex while there is music in the background; sipping refreshments like tea or soda and engaging in light games like card playing. About 11% of the chewers liked working, reading or writing while they chewed; 21% were not regular in what they did.

The lack of any specific plan in chewing for some people is evidenced by the lone chewers who are to be



seen walking about for most of the day; others are those who are unable to stop chewing once they start and who can chew a whole night and the following day to the next night ('Trans-nighters' - local name for such chewers); and then there are those who chew inside houses, but always chew alone (7%). The irregular patterns of chewing are nearly always a pointer to some problems or on the other hand they may eventually lead to problems.

Khat is the only stimulant used by the local people who are indigenous to the area, thus it is always available at births, marriages, religious festivals or any other occasion where people may feel that they need some additional input to enhance their enjoyment.

Thus when asked why they chew khat, many of the people pointed out that it was for some kind of pass-time or relaxation (39%). Other reasons given for using khat included; to forget problems; because of the nature of work; influenced by friends; availability of more money; more freedom; change of environment, for reading while in school or college; influence from society, and reason unknown. The following table - No. 21, shows the stated reasons given for chewing by different persons amongst the 150 respondents in the general survey.

TABLE NO 21 : REASONS FOR STARTING KHAT USE

Reason	%	Total Number
1. Boredom, idleness, joke	39.4	37
2. Everybody chews, thus influenced by society and friends	24.4	23
3. Problems and frustrations	9.5	9
4. Nature of job E.g. watchman	7.4	7
5. Reason not known	6.4	6
6. To facilitate studying	4.2	4
7. Influence from family	3.1	3
8. For - thinking on occasion, and no response	5.6	5
Total	100%	94

Thus to most people their use of khat is associated with non-complex and obvious reasons. However, although these reasons like boredom, may actually be the real reasons behind khat use for some people, there are in existence more complex and not so obvious underlying factors that make some people addicted to khat. To find the basic or core factors of khat use other than the reasons mentioned becomes particularly important when we realise that some specific persons are more acutely affected by khat abuse than others and that the use of khat is rapidly increasing while its socio-economic adversities are becoming more acute and conspicuous.

Thus it is with this perspective that the causes of khat use and eventual abuse will be analyzed with the help of the hypotheses.

(II) CAUSES OF KHAT USE AND ABUSE : HYPOTHESES

HYPOTHESES TWO

"Individuals who fail to achieve aspired goals are more likely to use khat and possibly abuse it, than are individuals who do not experience such failure".

The above hypothesis mainly derives from class-oriented theories, in particular anomie and relative deprivation, that try to explain drug abuse and other societal disorders from a societal point of view. Other theories, like that of culture conflict and the psychological theory of frustration - conflict, were also very helpful in bringing a deeper insight into the conditions underlying and the explanation of the drug use behaviours of some of the khat users and abusers in this study.

The widespread use of khat in Garissa and its abuse in some cases can be explained to some extent with the help of the above mentioned theories. A look at the characteristics of most of the khat users and a look at the conditions prevailing in the area shows that some of the pre-conditions of 'anomie' actually do exist, and there are pointers that they

may be contributing to the high and rising use of khat. Specific theories are more applicable to different and distinct groups

(a) THE MAJORITY CHEWERS

A description of the majority of the khat users in Garissa revealed that they form a specific kind of group. They are young males of twenty-one to forty years of age (80%); who have attained an average of a secondary school level of education and above -(70%); who hold a job in a formal organization -(68%); and who earn an average of Sh. 1,500/= and above in a month -(57%).

What we see here is that the majority of the khat users -(86%) have some kind of employment; hence the important question of why these persons who should seemingly be the most content are the ones who mostly engage in khat chewing? This could indicate that they actually have some kind of problems which necessitate the use of the drug as an escape mechanism.

The problems of these people are thus not very obvious ones and mostly have only subtle indicators which in this case necessitated an indepth analysis of their background and the society they live in.

A detailed description of the area and the society (Garissa and Somali Islamic society) where these young

people (majority of chewers) find themselves would therefore be useful at this point if a clear picture of the daily dilemmas and conflicts they live in is to emerge, and if the problems of anomie which are at the core of their difficulties are to be understood.

Garissa is situated in a neglected, poor and underdeveloped part of Kenya. The underdevelopment and the generally adverse poor conditions in Garissa are caused by several factors. To begin with, the colonial political, economic and social structures in Kenya were very unevenly distributed. The high agricultural and mineral potential areas got the highest concentration of everything, while the low potential areas which had very little to offer to the colonial government got the least attention - Garissa was one such area. However, despite the scant attention it got in regards to social and economic institutions, the area did not escape the disturbing influence of the colonial political rule.

The low economic potential of Garissa thus led to its general neglect during the colonial period and also after the attainment of independence. Education, which is one of the most important single determinants of social change and development in Kenya and in many other parts of Africa, was also greatly neglected in

Garissa. The neglect of education in the area was partly due to the economic factors mentioned above, and also because of the equally important factors of the region being a Muslim one. Most of the early schools in Kenya were run by Christian missionaries who combined formal education and the spread of the Gospel. This dual duty of the early schools made many Muslims resist the establishment of schools in their areas, or they refused to send their children to the schools which were established. This early antagonism between the Muslims and Christian - run schools set a trend which is present to this day in Kenya (even in the high potential, Muslim areas), of all the muslim areas lagging behind in terms of 'modern' formal education.

The problems of Garissa were worsened immediately after independence by an outbreak of political hostilities in the area. The hostilities were brought about by a claim from the neighbouring Somali Republic that all the region in the horn of Africa inhabited by ethnic Somalis (including Garissa) should be united under one flag. The hostilities led to frequent skirmishes and the declaration of the area as an emergency zone. What followed was a long period of uncertainties, constant harassments and the restricted movements of the people of the area - things like dusk to dawn curfews (the latest occurring in 1980) became a recurring phenomenon. These developments further

retarded any meaningful development that might have taken place in the area after independence; what followed instead was forced villagisation, impounding of animals and the influx of the nomadic people into the towns.

With the above conditions in mind, connections and possible links can be made between the said conditions and how they might contribute in creating conditions of 'anomie', frustration, conflicts and problems of cultural antagonism - which in turn lead to behaviour problems (e.g. drug use).

According to Durkheim (Suicide Lon. 1952) some of the conditions that lead to normlessness in a society and hence 'anomie' include rapid social change, sudden economic crises, sudden economic prosperity or any other event that suddenly or otherwise occurs disrupting the normal running of a society without bringing in any alternative means of regulating that society. Sudden economic crises or affluence may lead to a sudden downward mobility or sudden stimulated desires of affluence and hence an experience of deregulation of life and a loss of both moral certainty and customary expectations which can no longer be sustained.

Durkheim viewed society as a vital factor in structuring the life of individuals. He viewed human

beings as creatures whose desires are unlimited. Unlike other animals, men are not satiated when their biological needs are fulfilled. Thus it follows from this natural insatiability of man that his desires can only be held in check by external control, and the only control - according to Durkheim - capable of doing this is societal control. Society imposes limits on human desires and becomes a regulative force. Well regulated societies set limits on individual desires, ambitions and aspirations and hence create a foundation for realistic human expectations.

When social regulations break down due to some of the factors mentioned above, for example, rapid social change the controlling influence of society on the individual propensities is no longer effective and individuals are left to their own devices. There results a condition of relative normlessness in a whole society or in some of its component parts. Individuals are left without moral guidance in the pursuit of their desires. Durkheim used this argument to explain different kinds of suicides in society.

The conditions Durkheim described as some of the factors that lead to 'anomie' in a society are present to varying degrees in Garissa. One of the most important causes of anomie in society, rapid social change is clearly evidenced in Garissa. The alarmingly high rates of



social change that occurred in most parts of Africa in the course of the present century, have had profound effects on people's lives. Many people have been forced to abandon their 'traditional' ways of life by the advent of the colonial rule and the consequent changes in the political, economic and social structures of the society.

In many parts of Africa (including Garissa) the transition from the 'traditional' way of life to the 'modern' one, was very incomplete and many people were left hanging somewhere in the middle. This partiality led to the break-down of the traditional societal norms, the traditional political systems, and the traditional economic structures, without however, bringing in viable alternative and suitable structures in their place. This break-down of the traditional structures and the erection, in some cases, of 'modern' alien ones, has left many people without being sure which structures to adhere to or in other cases without being able to adhere to any structures.

Most of the conditions described above that result from social change are to be seen in Garissa. The conditions here are made more acute or more problematic by the very 'turbulent' and 'erratic' way in which change was introduced to the area. The remoteness of the area from the administrative headquarters of the

nation, the political insecurity in the area, and the muslim factor which isolates the area from the other predominantly christian and 'modern' regions of the country, are added factors in causing the introduction of 'modern' ways to be more traumatic thus leading to greater normlessness and a higher degree of 'anomie'. Most of the society in Garissa can be said to be prone to some degree of 'anomie' and hence may experience problems of social disorder; however, as will be illustrated later in the analysis of khat chewers, the degree of anomie might not be very acute in the general society, but only becomes acute when it is promoted by other factors like education, occupation and economic factors.

Thus due to the generally underdeveloped conditions, the small minority of educated and formally employed people constitute a class unto themselves. The education which these people possess and which in most cases was acquired away from home and included the values and aspirations that go along with it, mostly sets them apart from the rest of the society. However, these people do not become fully isolated from their societies because of the extended family factor and the muslim factor, and because of the feelings instilled in many young educated persons that one of their major roles in life is to help the less fortunate members of their societies. Thus these young persons become

suspended somewhere in the middle - a situation which is ideal for the onset of alienation, frustration and eventually anomie.

Unlike many other parts of the country where the local people had been exposed to western ways for a longer time and where the christian faith does not antagonize with the new ways of living, Garissa like many other muslim areas greatly censures its western educated members. There is an indirect societal coercion to certain ways of behaviour e.g. the shunning of alcohol, wearing the traditional dress and restricted interaction between the sexes. Many of the persons affected try as hard as possible to please the society, however the kind of exposure most of them have had does not fully allow them to fit back into it; thus it can be said that these persons are suffering from some kind of 'culture-conflict' and a de-regulation of norms. They may thus be described as frustrated and may indulge in activities like drug or alcohol use which many frustrated people indulge in to serve as a release, a 'vent' or an escape mechanism.

The general state of anomie that many young, educated and formally employed people find themselves in as a result of the de-regulation of norms caused by

conflict between the 'modern' ways and the 'traditional ways', is aggravated further by their relative affluence when compared to many other members of society and to themselves in earlier life or to their family backgrounds. The majority of these people are first or second generation 'settled' or 'town dwellers' who had their roots in the nomadic way of life. The relative material affluence that formal employment offers in the midst of a lot of poverty and need can have many negative effects. Some of these relatively affluent persons may feel conscience stricken and helpless amidst all the problems they see. These guilt feelings are normally strengthened by the high expectations many people (especially the extended family) have of such people while they are still schooling. Thus all this may lead them to retreat into isolation which can in turn lead to such practices as drug abuse and alcoholism.

The answers given by the majority of the chewers as to why they started chewing only pointed out the outward and obvious reasons but gave very little into the deeper hidden factors that are suggested above. The reasons given for starting use included boredom, idleness and as a joke (39%); influence from friends and society (24%) problems and frustrations (10%); because of nature of job (7%); reason not known (6%); for reading (4%); influence from family (3%) and a combination of factors (7%). Most of these reasons

are not in themselves sufficient to start someone off on the use of drugs, but they are in most cases the outward identifiable triggering factors.

Thus in using the hypothesis in analysing the khat-use behaviours of the majority of the chewers, we find that indeed many of the chewers actually experienced some kind of failure. The first measurement of the failure to achieve aspired goals because of unemployment does not apply to the majority of the chewers as only a small percentage - (5%) have no employment. However, the other measures, that is, having an occupation other than the one expected, earning far less income than expected, and being generally dissatisfied with ones occupation were more distinctively felt amongst the khat chewers than the others.

When asked whether they were occupied in the jobs they had hoped for, 53% of the chewers said that they were not engaged in the job they had hoped for compared to only 33% of the non-chewers who said they were not occupied as expected. In regards to income 60% of the chewers were getting far less than expected while only 35% of the non-chewers were getting less than expected. When asked what hindered them from achieving their aspirations, the respondents gave the following answers: lack of opportunity and the economic underdevelopment

of the area (54%); societal problems e.g. forced marriages, incompatibility of modern ways and the traditional ways - (14%); reason not known (17%); combination of factors (14%), and no response (1%). These respondents further elaborated their feelings by saying that they had to work in extremely adverse conditions where extreme poverty, high illiteracy, ill health - (21%); social problems and disorganization resulting from rapid social change (20%); rampant security problems (12%) and in many cases a combination of all the above problems (47%) are a day to day phenomenon that they have to contend with, thus further worsening their already poor working conditions and making the realisation of any aspirations they may have had impossible to achieve.

(b) OTHER KHAT USERS E.G. STUDENTS AND UNEMPLOYED YOUTHS

Besides the majority of the khat users - the young educated and formally employed males who comprised an average of 75% of all the chewers - there were also other smaller but still significant groups. First of all, there were those chewers who had no income at all, and they comprised about 10% of all the chewers - These were mostly unemployed youths who made up about 5% of the chewers and students who made up about 6% of the chewers. Although this was a small group it was very

important because of the special problems they experienced.

The unemployed youths mainly used khat to escape frustrations brought about by their lack of work and their inability to get any. They mostly manage to get khat by a complicated network of dependency on relatives and friends - This group is also the one that mostly combines khat with other chemical drugs.

The problems faced by these unemployed youths can best be understood in the light of Robert K. Merton's theory of anomie. R.K. Merton (1957) suggested that some kinds of addictive behaviour arise as a result of retreatism which in turn is caused by an inner conflict resulting from the discrepancy between aspirations (which are raised by society) and the means (which are normally absent) to achieve them. Merton characterized retreatists as "frustrated" "handicapped", and "non-productive liabilities" and as "a socialized" persons who are in society but not of it - in this category Merton names, psychotics, outcasts, vagrants, tramps, outcasts, chronic drunkards and drug-addicts.

The conditions described by Merton and the political economy theorists can be argued to be in existence in Garissa and in many other parts of Kenya. A good example of the discrepancy occurring between aspirations

and means can be illustrated by the education factor. There is a strong emphasis laid on the importance of education in Kenya both by government policy and by individuals. It is often stressed to all students that they must work very hard in school if they wanted to succeed in life. This kind of emphasis often leads to high expectations on the part of students, of both monetary and other rewards once they have completed their studies.

However, the economic conditions of most developing countries do not allow for the rapid fulfilment of such aspirations; what then results in many cases is people doing what they never expected to do or doing nothing at all - unemployment. This normally leads to severe frustration and feelings of let down, and hence leading some of these unfulfilled persons to the use of such a thing as khat, so as to either forget their failures; to bear with what they are doing; or in some cases as a spite against society which they view as having failed them.

In this study, a small (5%) but significant percentage of the khat chewers said they did so because of problems and frustrations caused by lack of employment. About 40% of the chewers said that they were not happy with what they were presently doing and that they could not engage in what they wanted to do because of some blockage due to either the political, social or economic structure of the society.



The students, who comprised 6% of the chewers, mostly started chewing with the mistaken notion that because of the wakefulness khat brings about they would be able to read for long hours. In reality this is very ineffective because of the problems that arise after long periods of reading with khat; hangovers and tiredness which lead to sleepiness in class. Association and peer-influence are the two most effective khat-learning avenues open to most students.

(c) THE NON-CHEWERS

Most of the respondents who were the majority amongst the non-chewers had somehow escaped the unsettling effects brought about by social change and factors like modern education which are associated with it. These people who were mostly (69%) women had either no education at all -(51%) or had only a primary level of education; hence they had escaped the problems that might have caused antagonism between their traditional ways and the modern ways. They also escaped the dilemma of run-away aspirations which are brought by modern formal education.

The majority of the non-chewer (58%) were employed in informal jobs like small trade, e.g. khat or vegetable selling; household duties; village elder's work; religious work; and domestic employment - these occupations do not

seem to have great changing influences and are in fact compatible with the people's ways of living. These jobs are also full-time occupying and hence do not present the problem of leisure which is closely associated with modern formal employment. The majority - (78%) of the non-chewers earned an income of Sh. 1,500/= a month and below, thus making them live on a purely subsistence level which should be kept constant by continuous work and hence no time or money for such things as khat use.

Finally it should be pointed out that the majority of the non-chewers were women (69%) and one of the important reasons given for their not chewing is societal restriction - 54% of them mentioned that they did not chew because of societal restrictions - women who chewed were looked down upon as loose and immoral.

All the women chewers, who comprised about 11% of all the chewers, could be termed as deviant as they were in various ways distinct from the average women of the area, about 4% were independent women who either had a high level of education and employment or who were engaged in successful business. The other 6% were women who chewed khat as a way of survival - they made their incomes from keeping male khat chewers company.

### III HYPOTHESIS THREE

"The easy unrestrained association between khat users, abusers and non-users and the easy availability of khat promotes its widespread acceptance and use."

#### (a) Unrestrained association

Having looked at some of the basic causes of khat use - disarray due to the faltering of societal guidance and the sense of insecurity which results - an attempt will now be made to explain some other contributing or aggravating factors to the rapid and almost epidemic increase in khat use, and the acceptance of such use by the members of the society as something normal and inevitable.

Khat chewing is a social activity that is more often than not done in groups. Khat, like alcohol and tobacco is legally and openly used in Kenya. The use and sale of khat was still openly done even when the prohibition act that was lifted in January 1977 was still in force.

This open and unrestrained use of khat could have in many cases led to the use of khat by non-users and it could have made many people view the habit as something normal and harmless. The findings of this study in fact point out that there may be a relationship between the open use of khat and the actual start of chewing by some non-chewers, who in many cases might already have deep

underlying problems and thus are very susceptible to succumbing to drug use. People who might have resolved their problems in other ways are prevented from doing so by the easy availability of khat and the ever present chewers to do the tempting.

The open and easy use of khat was in evidence everywhere one looked in Garissa at the time of the study, and is in fact an everyday phenomenon. In a series of observations, the kinds of interactions that took place between khat-chewers and other people were recorded and assessed. Most of the observations were made in public places like hotels, verandahs, streets, public transport, in ceremonies like weddings and in some homes.

In all the observations one factor that came out clearly was that chewers easily intermingled with other people and there was no evident aversion or contempt shown towards them, as is normally the case for alcohol users who are greatly abhorred in this society.

Following below is a narration of one of the observations made in one of the public places:-

This spot which will be referred to, as spot 'A' was observed in the morning, in the afternoon and in the evening of one given day - the spot itself was the front

and the inside of a busy hotel. In spot A on this particular day, in the morning hours, there were seven people sitting in front of the hotel. None of them was chewing khat; three women were selling khat, two sold milk, one woman was talking to one of the khat sellers. A man who looked like a worker in the hotel was standing nearby leaning against a post. There were six people inside the hotel, all having something to eat or to drink. The observations took between 30 and 40 minutes each time.

In the afternoon the number of khat - selling women in spot A had increased to five, the milk women were no longer there, and nearby on the same verandah four people were sitting together and conversing, three of them chewing khat. A short distance away two young girls who seemed to be waiting for someone were standing. Inside the hotel itself there were fourteen people, two were sitting in a corner chewing khat and taking tea. All the others were either taking food or drinks. Three different categories of people (two who were together and two separately) greeted the two men chewing khat in the corner, this was done as they came in or out; one of the men who greeted the chewers talked to them for about two minutes. When I was just about to leave, three other men joined the two chewers, two of them were chewing, the third one ordered a cup of coffee.

The scene inside and outside spot A completely changed towards evening. The number of women selling khat had swollen to ten and the number of other people sitting outside when I arrived was eleven: they increased to nineteen by the time I left. Inside the hotel there were fifteen people, only five not chewing khat.

This particular spot -- A -- was one of a few places where many people of all kinds met. In the evenings most of the people outside had something to sit on, either chairs or mats. On this particular day, fourteen out of the nineteen men were chewing khat. The five who were not chewing said that they liked coming to such places and mingling with the chewers because conversation here was normally very lively.

Such places as spot A were regarded by many as places to meet friends for easy conversation. What were considered as important or controversial issues were discussed here. On some occasions the bad vs the good of khat use was even discussed - both chewers and non-chewers contributed to the discussion. Current political issues were also discussed here.

On most of the other days I did my observations on spot A and other public places the trends were

somewhat similar except for a few differences of numbers and activities here and there. One factor that stood out in all the observations made was the non-restricted intermingling of chewers and non-chewers and the presence of khat-chewing everywhere.

Information gotten from the khat-chewers and other members of the community also points out that the easy association of khat users with other members of the society is an important facilitating factor to the start of khat use by many individuals.

When asked who introduced them to khat use, the majority of the chewers - 68% mentioned friends and the society at large; and when asked how they were introduced to khat use, 51% of the chewers said that they were introduced to khat use by association with friends who chew, and 14% got introduced to khat by society at large, that is nearly everyone chewed khat and thus it was very easy to pick up the habit by incitation and actual interaction (Tables 22 and 23).

TABLE 22 : WHO INTRODUCED RESPONDENTS TO KHAT

Who	%
Friends	49 (52.1%)
Society	15 (15.9%)
Oneself	10 (10.6%)
Relatives	7 (7.4%)
Can't remember	2 (2.1%)
Others (e.g. lover, khat seller)	11 (11.7%)
No response	0 (0.0%)
TOTAL	94 (100%)

TABLE 23 : HOW RESPONDENTS WERE INTRODUCED TO KHAT

Friendly association	48 (51.0%)
Imitation and interaction in society	16 (17.1%)
Introduced to oneself	8 ( 8.6%)
Learned in a social occasion	3 ( 3.2%)
Cannot remember	4 ( 4.2%)
Indirect persuasion by friends, lover, husband etc.	15 (16.0%)
TOTAL	94 (100%)



Fifty percent of the key respondents also mentioned social density, the close proximity of chewers and non-chewers and hence imitation, and the influence of friends on one another as major promoters of khat use.

The picking up of the khat-chewing habit does not only occur outside but also at home. Many children start observing and mixing with their chewing parents and friends early in life. Children engage in such activities as running errands for the chewers and procuring additional refreshments everytime the chewers run out of them. Thus these youngsters grow up with khat chewing and accept it as a normal activity that most adults must indulge in.

When asked how often they chewed in the presence of their families, 77% of the chewers who had families said that they either often, quite often, or always chewed in the presence of their families. Thus, such chewers inevitably come in contact with their children and other members of their families who do not chew, this then results in imitation on the part of the later and the very high probability of their picking up the habit. The people who are more likely than not to be affected by this are the young who are still very impressionable and may be bent on trying to imitate their elders.

Thus khat chewers, who are to be seen nearly everywhere one looks in Garissa, are a very important factor in the recruitment of new-chewers into their ranks. The exercise of influencing and recruiting non-chewers is helped and promoted by other factors like economic, social and psychological problems experienced by individuals who are in turn on the look-out for a means of lessening the problem; the easy availability of khat; and the sense of needing adventure and a new experience which is very common amongst the young.

The spread of khat-chewing amongst peers is clearly portrayed by the khat-chewing gangs that develop roughly in accordance with status and occupational groups. The young formally educated males who are most highly represented amongst the chewers give a clear portrayal of peer-group influence in the picking up of the khat-use habit. These people who are brought together by special circumstances try as much as possible to keep together by doing all the activities everyone else is engaged in. 16% of the chewers indicated that they started chewing khat or they continued doing so because of the indirect threat of losing friends if they stopped chewing.

#### (B) EASY AVAILABILITY OF KHAT

The ease with which khat is available to anyone who needs it is one of the factors which leads to, or

which could be termed as an important promoting or contributory factors to, its widespread use.

Khat in Garissa is in plenty and readily available to anyone who needs it. The consumption of khat is so important that it is one of the most thriving trades in the town. Khat is daily transported to the town by road and by air and is hardly ever in short supply. The abundance of the drug and the large number of people engaged in its sale, and hence stiff competition keeps the price of khat reasonably low (an average of Sh. 10/= a kilo) thus enabling many people to purchase it.

The khat peddlers or retailers, who are mostly women, can be found in all parts of the town and at all times of day and night. Thus khat is available to the chewers at any place and at any time they want it. Most chewers can also obtain credit facilities when they do not have cash, as many of the retailers are out to please and attract as many customers as possible.

In the general survey a very large percentage of the respondents (84.7%), both chewers and non-chewers, said that it was either very easy, or easy to obtain khat. The few who said that it was not easy to obtain khat were either those who did not have any money at all, or those who were afraid to purchase it when being seen by others; these included youngsters who were afraid of parents, and teachers, and women who had to hide

it from the society at large, - women who chew are not well accepted.

The key respondents who were interviewed thought that the boom and very rapid expansion of khat cultivation, transportation and trade that has taken place in recent years is one very important factor amongst others that has led to the rapid and widespread increase of khat chewing. It should be mentioned here that the use of khat in the traditional society was very limited as people had to trek all the way to Abyssinia (Ethiopia) to get it, and when the little amount was brought it was restricted to a few elders and religious leaders. Another example given of limited availability that in turn led to limited use is the permit system that was in force in colonial Kenya. The permit system allowed only a few people who held a permit from the government, mostly elderly men, to chew khat; any other person found chewing was liable to a sentence.

Besides the rules and regulations that surrounded khat-chewing in colonial Kenya, the poor roads and transportation and the pass-system that restricted the movements of persons of African origin made it impossible or very hard for khat to reach as many people as possible, and thus greatly minimised its use.

The khat plant easily dries up becoming coarse in the process; thus it becomes very hard to chew and may lose its potency very quickly. This very easily perishable quality of khat makes its very fast transportation important. The improvement of many means of transport in Kenya in the last two decades has made khat transport benefit greatly. The areas which are not easily accessible by road (like most of N. Eastern Province) are quickly reached by air, hence providing fresh potent khat to as many people as possible.

CHAPTER SIX

CONCLUSIONS, IMPLICATIONS OF THE STUDY

AND RECOMMENDATIONS

I Conclusions and Implications

The use of khat is subsumed under general drug abuse in the literature review because there is very little specific literature on khat itself. The findings of the study show that khat is comparable to other drug use and abuse in some of its aspects, but is however completely different in others which thus suggests that it must be viewed both traditionally and in its own unique way.

The physical effects of khat on the human body are to a great extent similar to those of other drugs that are commonly abused, in that they all act upon the person in such a way as to induce feelings of temporary well-being and happiness - the ability of these drugs to induce these feelings is the main reason they are used in the first place. The form in which the different drugs are taken, the extent and duration of their effects on the body, the medical and other complications they might bring about, and the degree of addiction and the severity of withdrawal will all differ according to the specific drug and the particular person using them.

Khat also has some similarities with other drugs in some of its social, psychological and economic aspects. The findings of the study show that khat use and abuse like any other drug use and abuse can be a very important factor in leading to, or, worsening existing social, psychological and economic problems like marital or family problems, unproductivity in work and other fields, juvenile delinquency and child neglect, emotional insecurity, neglect of all kinds of duty and a general lack of involvement and interest in societal activities, waste of resources like money on the purchase of the drug to the neglect of other necessities; and poor health and all its resultant complications.

Some very important findings in this study which set khat apart from the other drugs that have been widely reviewed in the literature are the special circumstances that are in existence in khat using areas and the characteristics of the users themselves. Most of the drug use and abuse reviewed in the literature occurs in highly socially and economically stratified societies. Most of the societies where these drug users are found are more or less economically stable ones, but their structures somehow promote inequality in the access to opportunity and hence the creation of socially and economically disadvantaged persons who are in turn more prone to

activities like alcoholism and drug use. These disadvantaged persons mostly use the drugs as an escape from the drudgery of their everyday lives, and sometimes although less often, to gain a living, to act as a defiant show against the larger dominant society, because of availability and environmental influence, and for religious and ritual purposes. In this same societies there are those, although they are in the minority, who use drugs because of over affluence in their particular backgrounds - this was clearly in evidence in the United States in the sixties when children from rich families joined the 'hippy' trails.

The problem of widespread use and abuse of khat on the other hand cannot be understood unless placed in the context of the rapid and erratic socio-economic change that has occurred in the community under question. The changes that have occurred in this community and which are still taking place in many spheres of the society and the effects they have had can best be explained with reference to Emile Durkheim's theory of 'anomie'. Although the concept of 'anomie' itself can be rather abstract and is sometimes difficult to comprehend, it is only with the help of such exhaustive and comprehensive sociological and psychological theories that we can ever hope to understand many human actions and behaviours.



As we have already seen the changes that have taken place in Garissa and in the whole region in the course of this century, have had effects which are conducive to the creation of 'anomie'. The changes that have occurred were brought about by outside forces which were in most cases antagonistic to already existing ones. There is consensus amongst many scholars that pastoralist societies (including Garissa) are different from sedentary agricultural societies and have always been under great pressure because of the prevailing systems of continuity and change. There are and still are forces trying to preserve the old ways, that is, the old means of survival, old values, norms, and behaviour patterns which enabled that society to survive in the past - on the other hand, there are forces for change, sometimes from the inside, but more often from the outside and they usually fly the flag of modernization and authority which must be obeyed and hence the inevitable changes which in turn lead to the creation of various kinds of new problems.

The changes that have taken place have affected every sphere of life. First of all, in the social scene, the introduction of new and alien norms and values into a basically traditional society has led to antagonism and a reluctance to change, but since the change is more or less a must, the people are left

in a dilemma because of either reluctance or sometimes genuine inability to adapt to the new kind of life, and also because they are unable to revert to their traditional ways which have to a great extent been disrupted by forces of change.

In the economic sphere, a basically subsistent pastoral economy which fully occupied everyone and had a well established division of labour has been replaced by a very poorly developed modern sector economy - this has led to problems of only a small section of the society being gainfully occupied. It has also led to modern service sector employment and its associated problems of rigid and regulated working hours and hence the problems of excessive idleness and the search for leisure; the problem of social differentiation associated with different levels of education and hence socio-economic status; and finally the introduction of money and the rise of the young independent wage earner who is often more educated than most people around him and who earns more and is perpetually faced by the problem of how to most effectively use that income in a society that lacks many amenities and which often makes excessive demands on him.

Durkheim in his theory of anomie explained how a number of factors the most important of which is

rapid social and economic change lead to a disarray in societal guidance and hence normlessness and a tendency to leave individuals without any moral guidance and hence their falling into all sorts of problems. Durkheim used this analysis to explain different kinds of suicide, but in this study it was found out that these same conditions are very conducive to khat use and abuse. Although the circumstances themselves do not directly lead to khat use they are very conducive in encouraging already susceptible individuals who themselves have been negatively affected by change.

The majority of the khat users as we have seen are young educated and formally employed males - this group usually earn much more than the average person in the community and are in more than one other way more advantaged. This sets apart khat abuse from many other types of drug abuse, where the majority of the abusers are relatively economically disadvantaged. In the case of khat the seemingly advantaged group has resorted to khat mainly because of the undesirable circumstances brought about by change. The circumstances these individuals find themselves in often lead to a discontent that eventually makes them pick up the khat chewing habit. The basic causes of this discontent include; the conflict between the values and patterns or ways of

life of the modern educated persons and their mainly traditional society; the relative affluence of these persons in a society that is largely very poor and underdeveloped; lack of satisfaction in work done because of the absence of any tangible results; the rigidity and regulated timing of modern formal employment; a disappointment with the actual conditions in which this people work when compared to a highly glossy picture and high expectations most of them had when they were still in school, and their very small number which makes them an isolated minority in their own community.

Thus the young educated and formally employed who are discontented with life because of some or all of the reasons given above resort to khat use. Some start using khat to forget the disappointment they have had, others use it to fill up idle time that is not taken up by their kind of employment, so that khat acts as a leisure amenity - especially necessary in this community that lacks most other amenities. Another reason that leads to khat use amongst this group of people is the fact that they have the money and this combined with the other factors - such as the lack of a wide choice of activities or commodities on which to spend money, idleness, khat availability and discontent - all promote khat use. Finally, this group of khat

chewers ends up using khat because of their very small and unique group - their isolation from the larger community brings them together more often and in the absence of anything else to do, and this compounded by the other difficulties they face, inevitably leads them to creating khat chewing parties which temporarily ease their problems, make the time pass and create a sense of unity amongst them.

The other khat chewers who were by far in minority when compared to the group described above did so for various reasons many of which can directly or indirectly be attributed to problems of rapid, Socio-economic change. One such group is the unemployed group which mainly indulged in khat chewing to forget frustrations and problems brought about by their lack of work and income. Other groups included students who chewed either for adventure or with the mistaken notion that it helps them study better, and, women who chewed in the company of men so that they earned an income (some kind of prostitution). Most of the women affected are women who have been divorced and have families to support - most of the divorces come up as a result of the unsettling effects of change.

In conclusion, it will be pointed out that, although social change has to differing degrees affected the whole society in Garissa, some sections have more than others managed to escape its most devastating effects. In this particular case it was found out that the majority of people who do not use khat are those who have no formal education and who earn very low incomes. It does not however mean that these persons escaped the effects of change altogether, only that these effects have not taken deep roots as with those who underwent many years of schooling: the former groups can still more easily revert to their traditional ways without any conflict. The kind of occupations and incomes they have, also do not allow for activities like khat use as they are more often than not, busy and also they cannot afford to buy the drug all the time.

## II Recommendations

In view of the above conclusions, it becomes evident that the problem of khat use and abuse is two-dimensional. First of all there is the problem of the khat users themselves and secondly, the problem of the particular conditions or structures they find themselves in. Thus in making any recommendations, the important questions to ask are; (i) What can be done about the conditions or structures themselves and (ii) What can be done for the users within the given conditions.

(a) Structural approach

The findings point out to us that the conditions that are in existence in the affected area are very important in creating favourable pre-conditions for khat use - these pre-conditions have themselves been caused by social change. Making recommendations for solving problems caused by rapid change is particularly difficult when it is taken into consideration that change itself is an irreversible phenomenon. However there are still steps that can be undertaken to lessen the problem if not altogether eliminate it. Any action proposed must take into consideration the total society, that is the social, economic, political, religious and psychological set-up of the community, and the effects any action might have on all of these spheres. Thus the people affected, and their special circumstances and environment; their influence on others - within and without that particular environment; and the influence of others on them, must all be well known and analysed before anything can be done.

The maladjusted conditions that lead to khat use, have developed so over a long period of time, thus the solution to the problem does not lie in short term abrupt measures, but in long term policy and strategy which will eventually rectify the maladjusted situations. The rectification of the conditions can

be done with the help of organizations and other structural systems that may be in existence.

Although organizations as such cannot solve the problems of khat use and abuse, they can provide services which can be very helpful. The services provided can hence slowly and eventually try to counteract the negative effects of change. The organizations that can be of help include educational institutions like schools, religious institutions, government ministries, universities and world-development-oriented bodies.

The educational system can be set up in such a way that it affects the long term behaviour patterns of the society. In this particular study it was discovered that the majority of the khat chewers are young educated and formally employed persons who are somehow facing problems of adjustment in their working environment. It will thus greatly help if there is a programme in all learning institutions in which students are drawn into detailed discussion of all the problems; uncertainties, conflicts, unfulfilled aspirations, and many other negative factors that have become inevitable in today's changing world. An awareness of what to expect in future will help to prevent unexpected shocks and may make it easier for people to fit into their society, however disarrayed it may be.



Through further detailed and interdisciplinary research, the countries concerned can develop overall national policies which will help in the designing of effective control policies and alternative programmes for the persons affected by control. In Kenya, khat farmers in Meru district should be advised on alternative ways of using their productive land. They should be made to plant useful food crops instead of khat, and in this effort the ministry of agriculture and any other body that may be concerned, should give incentives to the farmers in the form of good prices, advice and loans. The khat retailers who are found in consuming areas and who are mostly women, should first be made aware of the khat associated problems - for example in their own case; in order to fend for their families, these women mostly leave their children alone and hence the problem of child neglect and eventual juvenile delinquency. These children whose mothers greatly struggled to take them to school, in many cases drop out of school and become khat addicts as they have always been surrounded by the drug. Khat selling also leads to many marital problems. Thus the Ministry of Social Services (especially the Women's Bureau) and any other interested organizations can be of great help if they were to provide gainful occupations for these women.

Further in the endeavour to modify the conditions that lead to khat use, it would be of great assistance to form a national committee on drug prevention. This is particularly important because many developing countries including Kenya have very limited resources - finance, personnel, training facilities and other amenities. Thus the national committee would

- (a) bring together all trained and interested personnel in the problems of drug abuse, the gatherings could be in the form of workshops, seminars and conferences
- (b) gather and disseminate research findings and other forms of data
- (c) attract international organizations that would be of help in the drug abuse control effort
- (d) organize training programmes for people concerned with drug abuse control
- (e) press for official drug control policies
- (f) write and see to the implementation of a drug use prevention syllabus in the schools and the introduction of drug use prevention courses in the colleges and
- (g) educate the public through the Mass Media and other sources on the ill effects of drug use.

Cooperation between concerned countries is very important in coming up with a solution to the drug use problems. In this particular case, countries in Eastern Africa, Kenya, Somalia, Djibouti, Ethiopia, Tanzania; and the Arab Republics of the two Yemens, and Saudi Arabia; and the Republic of Madagascar.

These countries can work out individual and combined policies that will be of help to all. The recent total ban of khat in Somalia has had far reaching implications - not only for Somalia, but for Kenya too, as the loss of khat market in Somalia is reflected back to khat farmers, transporters, and local councils in Kenya. Thus it would be desirable for the two countries to come to a joint agreement so as no one negatively suffers. With such international cooperation the fight against drug abuse will be more effective than when each individual country battles on its own.

Finally, we found out that one of the problems in Garissa, which directly or indirectly led to discontent and eventually to khat use is the general underdevelopment in the area. Thus an added effort in more development in the spheres of education, health, and the economy will go a long way in making the society a bit more uniform and hence lessening the problem of culture conflict. The young formally employed might also derive more pleasure in working in a more developed environment and hence lessening their discontent and eventual khat use.

Thus all the above steps if implemented can go a long way in modifying the societal structures toward a more favourable pattern and hence lessening the

problems of maladjustment - discontent and eventually drug use.

(b) Individual approach

Beside modifying the environment in the effort of preventing khat use and abuse, action can also be taken for the affected individuals in the given or existing conditions.

First and foremost because control of use must be informal to be effective, the people affected must be fully involved or be aware of any control measure that is taken - this avoids the problem of making a policy look like an imposition from outside and hence causing resentment. Thus in this study in order to avoid a totally external approach, the people of the area in which the study was done were involved in the process of suggestion making and the outlining of recommendations. First of all twenty key respondents were asked what they thought were the best preventive measures against the ill effects of khat and they gave the following answers (i) a total ban of khat use and sale (ii) a ban on all public chewing and selling of khat (iii) restricting the amount of khat imported to their province (iv) public and religious education on the ill effects of khat (v) creation of relevant leisure amenities (vi) encouraging khat farmers to plant other crops

(vii) developing and improving the economy of the affected area (viii) creating alternative occupations for khat traders and (ix) reintroducing the permit system that was enforced in the colonial days and allowed only specific persons to chew khat (Table No. 24).

Table No. 24 Recommendations to prevent ill effects of khat - Key respondents		
Recommendations	No. of respondents	%
1. Total ban of khat use and sale	14	70
2. Islamic and public education of the ill effects of khat use	13	65
3. Create relevant leisure amenities and other activities	11	55
4. Restrict amount of khat coming into the province	8	40
5. Encourage khat farmers to plant other crops	8	40
6. Ban chewing and selling of khat in public	7	35
7. Developing the economy of the affected areas	5	25
8. Create alternative occupations for khat sellers	4	20
9. Re-introduce the restrictive khat users permit enforce in the colonial days	1	5
N.B. Most of the respondents gave more than one answer		

Other respondents interviewed included one hundred and fifty persons selected from all over the town. These respondents gave almost similar suggestions as those of the key respondents above (see Table No. 25).

Table No. 25: Measures to Control Ill Effects of Khat: Answers by 150 Respondents		
Recommendations:	No. of Respondents	%
1. Total ban of khat sale and use, ban public use, public and religious education, create relevant leisure amenities, improve the economy of the region, create alternative work for khat farmers and traders.	54	36.0
2. Ban chewing in public, public education and creating relevant leisure amenities	24	16.0
3. Total ban of khat use and educating people of its ill effects	18	12.0
4. Total ban of khat use and sale	17	11.3
5. Create alternative work for khat farmers and traders	10	6.5
6. Improve the economy of the region affected	6	4.6
7. Create leisure amenities that are relevant to Islamic and public education on the ill effects of khat	4	2.6
8. Ban public chewing	3	2.0
9. Re-introduce the permit system which allowed only specific people to chew	2	1.1
10. Not applicable (those who did not think khat use a problem, those who did not know and those who did not answer).	7	4.6
TOTAL	150	100%

Some of the suggestions given above are very useful in looking for ways and means of eradicating the miraa problem; however, others when taken in view of the causes of khat use may not be very practicable. Thus a total and sudden ban of khat use and sale (which many of the people seem to favour) will not be recommended here because this will be treating the visible symptoms without dealing with the root causes. The majority of the chewers used khat because of the very nature of their circumstances. These circumstances have become so as a result of changes that occurred over a period of time and that took an unfavourable trend because of the incompatibility of these changes with the people affected - this led to problems of societal disarray and hence an inability of the persons affected to satisfactorily function in their communities leading to heavy use of khat. Thus these persons will not be helped by a sudden withdrawal of khat, as they will more likely than not resort to other drugs or they will go to all pains to illegally acquire khat. Thus the solution here does not lie in short term abrupt measures, but in long term policy and strategy which will rectify the maladjusted situations which have developed so as a result of long term events.

The solution to the khat abuse problem must first start with the users themselves and their community.

First and foremost there should be concerted effort to teach the users that khat is a drug that is as bad as any of the other dangerous ones like cocaine or heroin. This is very important because it was discovered in the course of the study that many people regarded khat as a harmless twig. The teaching of these individuals can be done by the mass media and indirectly by people like health workers, social workers, administrators and most importantly by religious leaders. When people identify what the problems exactly are, whom they greatly affect, how they affect them and what causes them, they will be in a better position to avoid khat abuse problems or rectify them.

Religion can have particularly important effects on individuals and society at large. Religious leaders can emphasize that khat use or any other drug use is not permissible. In this particular case where most of the abusers are Muslim, the religious leaders can emphasize the similarity of khat and alcohol (which most Muslims abhor and abstain from). The Muslim clergy should also come up with a strong statement on the rejection of khat by Islam - they should once and for all eradicate the erroneous notion held by many that khat is permissible in Islam.



Finally, an effort should be made by people like social workers, doctors or teachers - to identify people who have acute drug abuse problems and who do not know where to seek help and then refer them for professional help.

Most of the actions and identification of problems mentioned in the recommendations above can be best be undertaken in the existence of a national committee that solely deals with drug use problems.

BIBLIOGRAPHY

1. Acuda, S.W. "Drug Problem in Kenya Today"  
(1981) E. African Medical Journal 57:  
Vol. 10. Nairobi.
2. Acuda, S.W. "Drug and Alcohol Problems in Kenya  
(1982) Today: A Review of Research"  
E. African Medical Journal, 59:  
642 - 644, Nairobi.
3. Amsel, A. "Frustration"  
(1958) Psychol. Bull 55, 102 - 119
4. Baasher, T.A. "Drug Problems in the Socio-Cultural  
(1980) Context".  
World Health Organization (W.H.O.)  
Public Health Papers. No. 73 Geneva.
5. Carothers, J.C. "Miraa as a Cause of Insanity"  
(1945) E. African Medical Journal,  
22: 4 - 6, Nairobi.
6. Clinard, M.B. "Anomie and Deviant Behaviour"  
(1964) Free Press of Glencoe:  
New York
7. Clinard, M.B. "Sociology of Deviant Behaviour"  
(1964) Holt, Rinehart and Winston,  
New York.
8. Cloward, R.A. and Ohlin, R.E. "Delinquency and Opportunity "  
(1960) Free Press, New York

9. Daily Nation Newspapers - "Articles on  
Nairobi (Nov. 20th 1981, Khat"  
May 24th 1982, May 2nd 1982,  
July 10th 1982).
10. Dhadphale, M., Mengech, H.N.K. and Chege, S.W.,  
(1981) "Miraa as a Cause of Psychosis"  
E. African Medical Journal  
58: 130 - 135, Nairobi.
11. Durkheim, E. "Suicide"  
(1952) Routledge and Kegan Paul, London.
12. Durkheim, E. "Selected Writings"  
(1972) Cambridge University Press, London.
13. Eldin, S.E. "On Some Physiological Aspects  
(1968) Induced by Khat Administration"  
Proc. Equip. Acad. Science,  
20, 65 - 68, Paris.
14. Fluckiger, F.A. and Gerock, J.E.  
(1887) "Contribution to the Knowledge of  
Catha Leaves".  
Pharm. Journal of Transvaal  
18: 221 - 224.
15. Getahun, A. and Krikorian, A.D.  
(1973) "Chat: Coffee's Rival from  
Harar, Ethiopia"  
Economic Botany, 27: 353 - 377.  
New York.
16. Ghari, C. "Umma Magazine"  
(1978) Vol. 7 January, Nairobi.

17. Goode, E. (1978) "Deviant Behaviour: An Interactionist Approach". Prentice Hall Inc., New York.
18. Greenway, P.J. (1947) "Khat" E. African Agricultural Journal 13: 98 - 102; Nairobi.
19. Halbach, H. (1972) "Cardiac Effect with Khat Use" Bull. Narcot. U.N. 11. 1: (2) 42. Geneva.
20. Laurent, J.M. (1962) "Toxique et Toximanie Peu Connus Le Cath" Ann. Aged. Psychol 120: 649 - 659; Paris
21. Le Brass, M. and Fret, llere, Y. "Les Aspects Medicaux de la Consommation habituelle du Cath" Med. Trop, 25: 720 - 732. Paris.
22. Maitai, C.K. (1973) A Toxicological Investigation of Catha edulis Forsk (Miraa) Nairobi, Ph.D. Thesis.
23. Marguetts, E.L. (1967) "Miraa and Myrrh in East Africa", Clinical notes about Catha edulis" Economic Botany 21: 358 - 362. New York.
24. Merton, R.K. (1957) "Social theory and Social Structure". Revised Edition, Free Press, New York.

25. Merton, R.K. and Nisbet, R.  
(1971) "Contemporary Social Problems".  
3rd Edition, New York  
Jovanovich inc.
26. Morton, J.F.  
(1970) "Tentative Correlation of Catha  
Plant Usage and Oesophageal  
Cancer Zones"  
Econ. Botany 24: 217 - 225  
New York.
27. Niebuhr, M.  
(1972) "Travels through Arabia and other  
Countries in the East"  
Vol. II : P. 224, Edinburg.
28. Peters, D.W.A.  
(1952) "Khat: Its History, Botany,  
Chemistry and Toxicology"  
Pharm. Journal 169: 16 - 18,  
36 - 37.
29. Peters, D. Maitai, C. and Sparber, S.  
(1980) "Relative Potencies of two  
Phenylalkymines found in the  
Abused Plant Catha edulis.  
Life Sci 27: 2143 - 2147.
30. Quantai, A.N.  
(1982) "Catha edulis (Vah) Forsk - (Miraa),  
Occurrence, Active Constituents, and  
Pharmacological Constituents"  
Msc thesis, Nairobi.
31. Republic of Kenya  
(1952) "Miraa Prohibitive Act" Laws of  
Kenya Chap. 339  
(Revised 1962 and 1978).

32. Republic of Kenya "National Population Census"  
(1979) Government Printer, Nairobi.
33. Smart R.G. and Others  
(1980) "A Methodology of Student Drug  
Surveys"  
W.H.O. Geneva.
34. The Standard Newspaper "Miraa"  
(Oct. 6th. 1982) P. 11. Nairobi
35. The Sunday Standard Newspapers "Articles on  
(March 28th 1982, March 6th 1983, Miraa".  
March 20th 1983, April 17th 1983)
36. Sutherland, E.H. and Cressey, D.R.  
(1970) "Criminology"  
J.B. Lippincot Company.  
Philadelphia/New York/Toronto.
37. Strauss, R.  
(1961) "Alcohol and Alcoholism", In  
R.K. Merton and R. Nisbet,  
Contemporary Social Problems  
3rd Ed. New York: Harcourt,  
Brace, Jovanovich, Inc.
38. W.H.O.  
(1952) "Technical Report Series  
Number 48".  
World Health Organization,  
Geneva.
39. W.H.O.  
(1975) "A Manual on Drug Dependence"  
World Health Organization,  
Geneva.

40. W.H.O.  
(1978) "Technical Report Series,  
Number 618"  
World Health Organization,  
Geneva.
41. W.H.O.  
(1979) "Review of Psychotropic  
Substances"  
World Health Organization  
(MNH/79/3), Geneva.
42. W.H.O. Advisory Group  
(1980) "A Review of the Pharmacology  
of Khat"  
Bull. Narcot 32: 83 - 93,  
Geneva.
43. W.H.O. Expert Committee  
(1980) "Problems Related to Alcohol  
Consumption"  
World Health Organization,  
Geneva.
44. Winick, C.  
(1961) "Physician Narcotic Addicts"  
Social Problems 9: 174 - 186.
45. Winick, C.  
(1980) "A Theory of Drug Dependence"  
In Dan Lettlen, M. Sayers, and  
H.W. Pearson (eds.)  
Theories on Drug Abuse : Rock-vile,  
M.D.: National Institute on Drug  
Abuse.

APPENDIX

The following questionnaires were administered to different section of the community in the study of the socio-economic aspects related to khat use and abuse in Garissa.

The first questionnaire was filled by twenty key respondents. The other two were used for a structured interview of one hundred and fifty respondents from the general population and thirty khat retailers;- these questions appear here both in English, and Somali (the language spoken by the majority of the people in the area of study).

N.B.

The questions presented here do not provide large spaces for answers. The spaces have here been eliminated so that the questions (appendix) can fit into the typing format of the whole thesis.

I. QUESTIONNAIRE TO TWENTY KEY RESPONDENTS

Good morning/afternoon/evening. I am carrying out a survey on the socio-economic factors related to khat use and abuse in Garissa. You have been chosen as a key-respondent in the study because of the strategic position you hold, which in turn enables you to come in constant touch with the day to day living of the people of the area.

Your views and opinions will be very much appreciated. The final findings will be used for an M.A. thesis and a report for the United Nations Fund For Drug Abuse Control Agency (U.N.F.D.A.C.A).

Thank you.

1. Position or occupation of respondent .....
2. How widespread is the use of khat in this town?  
.....
3. In your view is the use of khat on the decline or on the increase? .....
4. If it is on the increase why do you think this is happening?.....
5. Are there any problems you are aware of that are associated with khat use?  
.....
6. What in your view leads to khat use?  
.....



7. Under what circumstances does khat use lead to social and economic problems?  
.....
8. What age groups and what sexes use khat most frequently?  
.....
9. Which people are most likely to end up getting problems as a result of khat use?  
.....
10. Are there any medical complications you are aware of that result from khat use?  
.....
11. Are there any other drugs people are using with khat? (If yes, name them).  
.....
12. In your field of work does khat use interfere in any way?  
.....
13. If answer to question (12) is yes, how does it do that?  
.....
14. What activities are most adversely affected by khat use?  
.....
15. In your own view are there any good or positive contribution of khat use? (If yes what are they?)  
.....
16. What do you regard as abnormal use of khat?  
.....
17. What do you regard as normal use of khat?  
.....
18. Comparing the present and the past is khat use more widespread and does it lead to more problems?  
.....
19. If answer to question (18) is yes, what evidence do you have for this?  
.....
20. What existed in the past that prevented khat associated problems?  
.....

- 21. Are there any preventive measures you can suggest that can be used to control the bad effect of khat use?  
.....

II. QUESTIONS USED TO INTERVIEW 150 RESPONDENTS IN A GENERAL SURVEY OF THE TOWN.

Good morning/afternoon/evening. I am doing a research on the socio-economic aspects related to khat use and abuse in Garissa. You have been randomly selected to answer the following question. You are however free not to answer any question you may not want. Thank you.

- 1. Respondents identification. 1 - 150  
.....
- 2. Sex of respondent .....
- 3. Age of respondent .....
- 4. Marital status of respondent .....
- 5. Level of education .....
- 6. Occupation of respondent .....
- 7. Respondent's income per month .....
- 8. Length of stay in Garissa .....
- 9. Place of origin .....
- 10. Do you have any dependants? .....
- 11. a. Number of dependants ' .....
- b. ~~Where~~ do your dependants live?
- 12. If you are not in school when did you stop and in what class?  
.....
- 13. What did you intend to do after school or after coming of age?  
.....
- 14. Are you now employed or are you doing what you intended to do?  
.....
- 15. If answer to question 14 is, no, what did you want to become?  
.....

- 16. Is the income you get equivalent to what you imagined you will get before you started doing what you are doing? .....
- 17. If answer to question 16 is, no, by how much does it fall short? .....
- 18. What are the main hinderances to what you really wanted to do? .....
- 19. Who do you live with? .....
- 20. Have you ever chewed khat? .....
- 21. If you have never chewed khat; why haven't you done so? .....
- 22. If you have stopped chewing khat, why have you done so? .....
- 23. a. When did you start chewing khat? .....
- b. Why did you start chewing khat? .....
- 24. a. Are you chewing more or less khat than when you started? .....
- b. If you are chewing more khat why are you doing so? .....
- c. If you are chewing less, why is it so? .....
- 25. How easy is it to obtain khat? .....
- 26. a. Who introduced you to khat chewing? .....
- b. How were you introduced to khat chewing? .....
- 27. a. Where do you normally chew? .....
- b. With whom do you normally chew? .....
- If you have a family, how often do you chew in their presence? .....

- 29. How often do you chew khat?  
.....
- 30. For how long do you chew every time you do so?  
.....
- 31. What do you like doing when you are chewing?  
.....
- 32. How much do you spend on khat per day?  
.....
- 33. How much khat do you need every time you chew?  
.....
- 34. If you chew khat frequently, why do you do so?  
.....
- 35. a. Do any other members of your family chew?  
.....  
b. If answer to question 35 (a) is yes, which ones chew?  
.....
- 36. What do you normally do in your free time?  
.....
- 37. Are there any leisure amenities in Garissa that you can use?  
.....
- 38. a. If answer to question 37 is yes, which ones are they?  
.....  
b. How sufficient are the amenities named?  
.....  
c. If leisure amenities are insufficient what are the reasons or causes of this insufficiency?  
.....
- 39. What are the most common problems faced by this community?  
.....
- 40. What possible solutions do you suggest for the problems you have mentioned?  
.....  
.....

III

GENERAL SURVEY - 150 RESPONDENTS

INTERVIEW TRANSLATED TO SOMALI

Maxaa-shektei? Waxaan basaasiya arimaha bulshatha iyo daghaanka ee kusapsan ghat ucnista ee sayitka a ee magaalathan Garissa. Athukuu waxaa ka mit tahai 150 guf ee suwalahan laweitiyei - Mahatsanit.

1. Magac aaka ama nabarkaaka - 1 - 150  
.....
2. Mahaa - tahai, mn ama hawein?  
.....
3. Umri kaaku wa imisa?  
.....
4. Ma xaas pbaa tahai ama maya?  
.....
5. Skulka intee pbaa kagadei?  
.....
6. Shagha thee pbaa haisa?  
.....
7. Lacg intee pbaa hesha bilkasta?  
.....
8. Imisa sanathot pbaa Garissa tegneit?  
.....
9. Halkee pbaa kudalatei?  
.....
10. Taat-aa-wax-tartit miyeichiraan?
11. a. Imisa gof pbaa waxtarta?  
.....
- b. Taatka waxtartit halkee pbey tekanyihin?  
.....
12. Hataa skul kuchirin, Gormat dameisei, kilaska imisaat na pbaa gadei?  
.....
13. Maxaa raptei inagapaatit markaa skulka damaisit ama markaa weinaatiit?  
.....

- 14. Waxaa raptei imaka miaa-haisa?  
.....
- 15. Hataa hain waxaa raptei, maxaa raptei inagapatit?  
.....
- 16. Lacgtaa heshit iminka iyo waxaa filaneisei, maa iskumit pbaa?  
.....
- 17. Hatei iskumit ehein, maxaa fila nisei?  
.....
- 18. Maxaa waxaa raptei inagapatit kahorchoksathei?  
.....
- 19. Ayaa latekantahai?  
.....
- 20. Ghat welikhaa mauctei?  
.....
- 21. Hataa welikaa ucnin ghat, maxaa u-ucniweithei?  
.....
- 22. Hataa choo-chisei ghat ucnista, maxaa kukuwacn chochista?  
.....
- 23. a. Hataa ghat ucntit gormaat bilawthei? .....
- b. Maxaana ubilawthei? .....
- 24. a. Ghatka iminkat ucntit miyuu kabathanyahai ama wuu kayaryahai kii akubilawthei?  
.....
- b. Hataa ghatka iminka batsatit, maxaa, kukuwacn?  
.....
- c. Hataa ghatka iminka yareisatit, maxaa, kukuwacn?  
.....
- 25. Ahatka helistiisu miyei athaktahai ama waa rakhiis?  
.....
- 26. a. Ayaa ghat ucnista kubarei?  
.....
- b. Sithee pbaa ghat unista lakuubani?  
.....

- 27. a. Halkee pbaa ghatka kucnta?  
.....
- b. Ayaa ghatka launta?  
.....
- 28. Hataa xaas tihit, imisa cher pbaa aktodha ghatka kucnta?  
.....
- 29. Ghatka sithee pbaa u-ucnta-yacni, ma-malinkasta ama mar-mar?  
.....
- 30. Intee saacthot pbaa ghatka ucnta markartapba agayishit.  
.....
- 31. Markaat ghatka unisit maxaa cheecshehai inaa-samciisit?  
.....
- 32. Maliintii, imasa shillin pbaa ghat ksakabcxa?  
.....
- 33. Imisa kilo-oo-ghat-a ayaa ucnta markaa gayishit?  
.....
- 34. Hataa ghatka maliinkastapa ucntit, maxaa kukukelefeif?  
.....
- 35. a. Taat kale OO-rerkina-a OO-ghatka ucna miyeichiran?  
.....
- b. Hatei chiraan, waa kuwee?
- 36. Markaat shaghatha at hain, maxaat gapata?  
.....
- 37. Guryo ama melaha mathatalatha, Garisaa miyei lethahai?  
.....
- 38. a. Hatei leethahai melaha mathatalatha, waa kuwee?
- b. Melahan mathatalatha echira miyei wanagsanyihiin ama maya?  
.....
- c. Hatei wanagsancin, maxaa ugu wacn?  
.....
- 39. Dipbaatatha magaalathan igubathan, waa tee?  
.....
- 40. Athiiku hataa eegtit, dipbaatatha magaalatha haisata sithee pbaa loo-tirtirilahaa amapbaa sithee pbaa loo-yarcinlahaa?  
.....

III. QUESTIONS USED TO INTERVIEW 30 KHIAT RETAILERS - ENGLISH

Good morning/afternoon/evening. I am carrying out a survey on the socio-economic aspects of khat use and abuse in Garissa. You have been chosen as a respondent because of the strategic position you hold as a khat retailer. You may leave out answers to any questions if you are unable to answer or you are unwilling to do so. Thank you.

1. Respondents identification 1 - 30  
.....
2. Age of respondent .....
3. Marital status .....
4. Level of education .....
5. If you are married what does your husband do?  
.....
6. If you are divorced or separated for how long have you been so?  
.....
7. If you are divorced or separated, what led you to it?  
.....
8. Do you have any children?  
.....
9. If you have children, how many are they?  
.....
10. Are any of your children working?  
.....
11. If any of your children are working, do they help you financially?  
.....
12. If you are married, do you get any financial assistance from your husband?  
.....
13. When and why did you start selling khat?  
.....
14. How much khat do you sell on most days?  
.....
15. Do you make any profit? If yes, how much?  
.....



16. Do you have any other income earning activity? (If yes, Specify)  
.....  
.....
17. What kind of people usually buy khat from you?  
.....
18. Do your customers pay cash or they take their khat on credit?  
.....
19. If it is taken on credit, is it easy to get it paid?  
.....
20. Are there any people who are unable to pay their khat debts, and if yes; who are they and how do you get your money from them?  
.....
21. How much money do most people spend on khat every time they buy from you?  
.....
22. Where and how easy is it to obtain the khat you sell?  
.....
23. Does any of your khat get spoilt sometimes? If yes, how do you solve this problem?  
.....
24. For how many hours do you usually sit selling khat everyday?  
.....
25. Where do you normally sell your khat?  
.....
26. If you don't sell at your home, who looks after your house and children when you are away?  
.....
27. What are the main problems you face as a khat retailer?  
.....

III. QUESTIONS USED TO INTERVIEW 30 KHAT RETAILERS -  
SOMALI TRANSLATION

Mahaa Shektei?

Waxaan basaasiya arimaha bulshatha iyo daghaanka ee kusapsan ghat ucnista ee sayitka a ee magaalathan Garissa. Athukuu waxaa ka mit-tahai 30 hawein-a ee ghatka iipbiiya ee suwalahan laweihyei. Suwalaha uun ajipiikartit pbaa lagaga bahanyahei inaa jibtit. Mahat-sanit.

1. Magac aaka ama nabarkaaka - 1 - 30  
.....
2. Umri kaaku wa imisa?  
.....
3. Ma-xaas pbaa tahai ama maya?  
.....
4. Skulka intee pbaa kagadei?  
.....
5. Hataa xaastahai, ninkaku muxuugapta?  
.....
6. Hataa ninkaka isfurten ama akalatakten, mutathaat kalamiagneithen waa imisa?  
.....
7. Hataat ninkaaki isufurten ama kalatakten, maxaa uguwacnaa?  
.....
8. Carur ma-lethahai? .....
9. Hataat carur lethahai, waa imisa?  
.....
10. Carurtathu miyeyshageyan? .....
11. Hatei shageyan, miyeyku cawiman?  
.....
12. Hataa ninlethahai, ninkaaku, miyuu-kuacwima?  
.....
13. Gormant ghat iipiska bilawthei, maxaana u-bilawthei?  
.....
14. Intee ghat-a ayaa ipiisa darar-wal-ba?  
.....

15. Faidha-miyaat kahosha ghatka, hataat ka hoshit na, waa imisa?  
.....
16. Shagkho kale ee lacg kusogelisa miyaa lethahai? Hataat lethihitna, watee?  
.....
17. Taatkee pbaa ghatka bathiika kaaibsatha?  
.....
18. Taatka ghatka kaa-ibsatha, matein pbee kugataan ama lacg pbei bixiiyan?  
.....
19. Hataa tein lakugaato, dagso miyaa lakukubixiia?  
.....
20. Taat teinkotha aan bixiinkarein miyei chiran, waayo taatkani, lacgtathana sithee, pbaa ugahesha?  
.....
21. Taatka bathankotha imisa shillin pbei ghat kuiibsathon?  
.....
22. Halkee pbaa ghatkaat iipbiisit kahesha, helniinkisuna miyuu athagyahai ama waa rakhiis?  
.....
23. Ghatkaaku mar-mar miyuu kaaxuumatha, hatuu kaaxumathona, maxaat ariintaa kagapbata?  
.....
24. Imisa saacthot pbaa ghatka ipbiisa?  
.....
25. Halkee pbaa ghatka ku-iipbiisa?  
.....
26. Hataat gurikhaka kuipbiin ghatka, ayaa gurikha iyo a carurtatha kuuilaliya markaata magantihit?  
.....
27. Diphaatatha wein ee kuhaisato ee ku-sabsan ghat ipbiiskaku waa tee?  
.....