

**FACTORS INFLUENCING USE OF KHAT AMONG THE YOUTH OF NAKIVALE
REFUGEE CAMP IN SOUTH-WESTERN UGANDA**

MARYAN DAUD WARSAME

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**AN UNDERGRADUATE RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF
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DECLARATION

I declare that "Factors influencing use of Khat among the youth of Nakivale refugee's camp in South-Western Uganda" is purely my own piece of work, that has not been submitted to any other institutions for another degree or qualification, either in full or in part.

Throughout the work I have acknowledged all sources used in its compilation.

Signature:

Name:

Date:

APPROVAL

This research has been carried out under my supervision and is ready for submission

Signature

Name.....

Date.....

DEDICATION

I dedicate this work to my family, my dearest mom Nimco Abdirahman Ali, my lovely sister Rahma, and my brother in law Dr Ahmed Hassan Ahmed, also this dedication is extended to my dear classmate Mohamed Ali Magan, and all people who contributed to my success in all aspects of life, their motivation, moral support and desires for my advancement in studies.

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LIST OF ABBREVIATIONS

ACMD:	Advisory Counsel of the Misuse of Drugs
DEA:	Drug Enforcement Administration
EMCDDA:	European Monitoring Centre for Drugs and Drug Addiction
LBW:	Low Birth Weight
MOH:	Ministry of Health
NACADA:	National Agency for the Campaign Against Drug Abuse
NACRO:	National Association for the Care and Resettlement of Offenders
NDIU:	National Drug Intelligence Unit
NGO:	Non-Governmental Organization
NIDA:	National Institute for Drug Abuse
UBOS:	Uganda Bureau of Statistics
UN:	United Nations
UNDCP:	United Nations Drug Control Program
UNDP:	United Nations Development Program
UNHCR	United Nations High Commission for Refugees
UNODC:	United Nations Office on Drugs and Crime
UNODCCP:	United Nations Office for Drug Control and Crime Prevention
USA:	United States of America
UMOH:	Ugandan ministry of health
WHO:	World Health Organization

OPERATIONAL DEFINITIONS

- Camp:** A place where a group of homeless displaced people temporarily lodge in tents, huts, or other makeshift shelters.
- Khat:** A flowering plant native to the Horn of Africa and the Arabian Peninsula, classified by anti-narcotic control agencies as a drug of abuse that may produce mild to moderate psychological dependence
- Refugee:** Any person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion living outside the country of his nationality and is unable or, owing to such fear and is unwilling to return.
- Youth:** Any person whose age is between 15 and 24 years old

ABSTRACT

Background: Substance abuse is one of the leading socio-cultural behaviors that have faced the world at the moment. There are many types of substances that are prone to abuse like alcohol which is commonly abused globally, cannabis and tobacco and Khat. Some of these substances are region-specific while others are of global concern. Indulgence in illicit drugs has become a major problem among the youths worldwide (Hassan *et al.*, 2007). Worldwide, Khat is the most widely cultivated, trafficked and abused illicit drug (WHO 2010; NIDA 2010). Close to 147 million people, 2.5% of the world populations consume Khat annually. In Uganda, the numbers of victims of use of Khat is increasing especially in the slum suburbs of Kampala district (Uganda Police, 2010).

General Objective: To investigate the factors influencing Khat use among the youth living in Nakivale refugee camp in Western Uganda, so as to provide information that will guide policy formulation against khat use in the country.

Methods: A descriptive cross sectional study using structured questionnaire was conducted involving a sample size of 422 youth living in Nakivale Refugee Camp in Western Uganda, to establish factors influencing Khat use among the youth in Nakivale refugee camp in Western Uganda. The study population was the youths aged 15 to 24 years old in Nakivale refugee camp, the researcher used convenient sampling method in order to obtain the required sample size of 422 participants who are under a prior sat eligibility criteria.

Results: The findings of this study showed that Out of the 422 participants, 36.0% of them were Khat users. Among the Khat users, 59.9% were daily users, 18.4% weekly, while 21.7% were monthly users. The use of Khat among youth in the refugee camp was high. Factors such as country of origin, nature of employment, neighbors' status of khat use and attitudes toward khat use found to be associated with Khat use among the youth living in Nakivale refugee camp in Western Uganda.

Conclusion: The Government of Uganda should endorse legislations against the sell and use of khat to limit the availability and access of khat to the potential users, also mass youth mobilization and Awareness campaigns about the health risks and dangers associated with khat chewing should be initiated by the government to avert the social acceptability of khat among the communities.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Substance abuse is one of the growing public health and social problems that has adversely affected a significant proportion of the population. According to United Nations Office on Drugs and Crime (UNDOC) report of 2008, 205 million people are involved in substance abuse worldwide. Of these, 25 million people are estimated to be problem drug users, many of whom are unable to stop without treatment. Injecting drug users are estimated at 13.2 million worldwide. In Africa, substance abuse is a public health problem reported to be on the increase since the 1970s (UNDP, 1997; UNODC, 2008). The World Health Organization (WHO) report of 2006 showed that about 17 to 42.8% of youths in Sub Saharan Africa are involved in chronic excessive alcohol consumption, while 7 to 38% are involved in abusing other drugs like Khat among others.

Khat (*Catha edulis Forsk*) is an evergreen shrub of the *Celastraceous* family, normally reaching 6 meters in height, but it might grow to 25 meters in an equatorial climate (UNODC, 1956). This plant is usually found in the Abyssinian moorlands, Arab peninsula, Afghanistan, the Horn of Africa, Eastern and Southern Africa (Krikorian.1983). The first historical orientation to it is found in medieval Arab manuscript from the first partial of the thirteenth century (UNODC, 1956). Traditionally, the fresh young leaves and tenders are consumed for their stimulating properties in Somalia, Ethiopia, Yemen and Kenya (Halbach, 1972). On the other hand Khat was traditionally used to decrease fatigue while traveling. The leaves and stems are consumed by chewing and maintained in the cheek for period of time before it is spat out. The plant is considered to be fresh within 48 hours after harvesting.

Nevertheless, Khat has economic implications both at household level as well as at country level. By replacing coffee and other cash crops, Khat would be harmful to the economy by draining foreign investment (Hussain.M Aa. 2013). At the house hold level, the money put into purchasing Khat diverts household income that could have been used for food, home improvement, education or other family needs which might cause financial problems and family breakdown (Ishraq. et al 2004). Socially, the users of Khat spend long hours chewing as it causes absenteeism from work and its barrier to employment and integration of the communities (David, et al., 2011).

In spite of its serious consequences, chewing Khat is highly prevalent amongst the refugees in Nakivale camp. Even though this practice is quite common in the area, a statistics on its magnitude and its predictors was unknown. This study, therefore, is conducted to establish factors that might be associated chewing Khat in Nakivale refugee camp.

1.2 Background to the study

Substance abuse is one of the leading socio-cultural behaviors that have faced the world at the moment. There are many types of substances that are prone to abuse like alcohol which is commonly abused globally, hallucinogens such as cannabis and tobacco, hypnotics, sedatives, anxiolytics and stimulants such as cocaine, caffeine, amphetamine and Khat, among others. Some of these substances are region-specific while others are of global concern. Indulgence in illicit and licit drugs has become a major problem among the youths worldwide (Hassan *et al.*,2007). Studies on young people drug-use conducted in various settings reveal that uses of drugs significantly contribute to delinquency among the youth (Ndeti *et al.*, 1997).

Worldwide, Khat is the most widely cultivated, trafficked and abused illicit drug (WHO 2010; NIDA 2010). Close to 147 million people, 2.5% of the world populations consume Khat annually. In the United States of America, national surveys indicate that about one third of the adult population has tried Khat and 10% has used the drug in the previous twelve months (NIDA2010; UNDCP, 1997; WHO, 2010). In most countries, rates of Khat use are generally higher in the young adults and in males than females. In the United Kingdom, lifetime prevalence of Khat-use for adults is 14%, with rates of 24% among young adults (EMCDDA, 1996). Khat is the main narcotic drug used by over 34 million people in Africa (UMOH, 2005; WHO, 2006; WHO, 2010). Studies conducted in Zimbabwe, Ghana, Nigeria, Ivory Coast, Ethiopia, Kenya, Mozambique and South Africa highlight a problem of Khat use among the youth (UNODCCP, 1999).

In some North Africa and sub-Saharan countries like Egypt, Morocco, Nigeria and Tanzania there is a long tradition of cannabis use for culinary, medicinal and ceremonial purposes. In the cape province of South Africa, a survey conducted in 1990 found that 7.5% of high school students chewed cannabis (Flisher et al, 1993). That notwithstanding, studies have shown that Khat use is associated with increased psychiatric morbidities among other negative impacts (Pantelis *et al.*, 1989). The practice is also associated with other effects like socio-economic as well as poor health outcomes. Studies have actually shown that mothers who chew Khat stand a high risk of delivering low birth weight babies.

Uganda is one of the leading African countries with big numbers of victims using Khat. Monthly reports of the Uganda Police, particularly the one of January 2010, indicate that Khat abusers who are being hunted down, arrested, convicted and or imprisoned is increasing in the country. The practice is increasing especially in the slum suburbs of Kampala district (Uganda Police,

2010). For instance in 2008, two thousand users of cannabis were apprehended in Makindye Division (Katwe police, 2008).

1.3 Statement of the problem

For the past 15 years, the prevalence of Khat use among the youths living in Nakivale refugee camp in western Uganda has been on an increase. Medically, the practice is risky posing serious health hazards due to its adverse psychotomimetic effects. The medical dangers include cardiovascular diseases, mental dysfunction, sexual dysfunction, low birth weight, tooth decay, oral and digestive tract cancers among others. Besides, Khat chewers waste considerable time on the practice at the expense of the beneficial social and economic development programs necessary for the individual, family, society and the country at large.

That in perspective, Uganda is among the leading countries with a high number of people who use Khat in East Africa. According to the Ministry of Health (MOH) report of 2005 and the Uganda Bureau of Standards (UBOS) report of 2008, about 5% to 10% of Uganda's population use Khat. In collaboration of this information, the Uganda Police report of 2010 highlighted the increasing cases of people using Khat in the country. The majority of these people live in the slums of Kampala and refugee camps.

In spite of strong campaigns by local leaders and international communities against the practice of chewing Khat due to its harmful socio-economic and health effects, the prevalence of khat users still grows steadily among refugee youths in the camps. This study therefore, intends to identify the factors influencing Khat use among the youth in Nakivale refugee camp.

1.4 Research objectives

1.4.1 General Objectives

To investigate the factors influencing use of Khat among the youth living in Nakivale refugee camp in Western Uganda, so as to provide information that will guide policy formulation against khat use in the country.

1.4.2 Specific Objectives

- (i). To determine the demographic factors influencing the use of khat among the youth in Nakivale refugee camp in Western Uganda.
- (ii). To identify the socio-economic factors influencing use of khat among the youth in Nakivale refugee camp in Western Uganda.
- (iii). To assess the cultural factors influencing the use of khat among the youth living in Nakivale refugee camp in Western Uganda.

1.5 Research question

1. What are the demographic factors influencing chewing khat among the youth in Nakivale refugee camp in western Uganda?
2. How do socio-economic factors influencing the Khat use among the youth in Nakivale refugee camp in western Uganda?
3. What are the cultural factors influencing the use of Khat among the youth living in Nakivale refugee camp in western Uganda?

1.6 Significance of the Study

Although the practice of chewing Khat has been studied widely in East African countries, the socio-economic, demographic and cultural factors associated with that practice in Nakivale

refugee camp has not attracted much attention. Most of the studies conducted on substance abuse in Uganda have concentrated mainly on alcohol abuse (WHO, 2005).

This has left a gap in the knowledge about the factors associated with use of Khat among the youth in the refugee camp of Nakivale, in western Uganda, which this study is set to establish. The findings of this study is important in guiding policy and designing strategies to control Khat use among the youth in refugee camp of Nakivale, and the country at large.

The findings also help school administrators and counselors to put in place mechanisms for addressing socioeconomic, socio-cultural and socio-demographic factors which promote Khat use among the youth in the area, specifically the Nakivale camp. Besides, the study is intended to bridge the information gap that exists regarding the socio-demographic, socio-economic and socio-cultural factors associated with the use of Khat among the youth in refugee camp of Nakivale, in western Uganda.

1.7: Conceptual framework

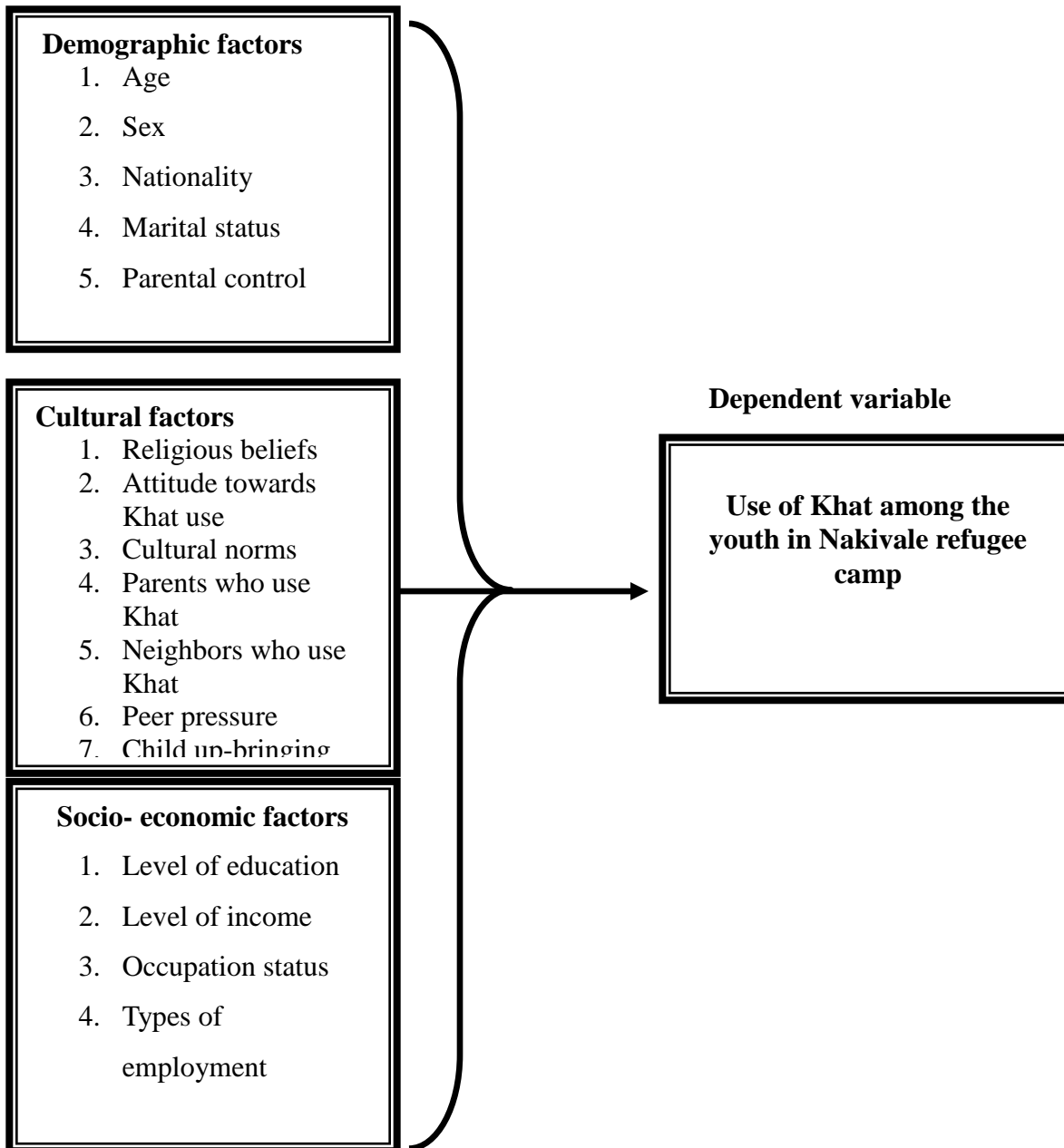
The conceptual framework below shows relationships between the different factors associated with use of khat. They are categorized into socio-economic, socio-demographic and cultural factors. Socio-economic factors like unemployment can lead to a poor living environment where it is easy to access these drugs. On the other hand living in a family where parents or other family members use khat can influence the children (WHO, 2010).

The person's education level impacts on his/her future of drug abuse. For instance a person's education level affects the peers he interacts with. If they use khat, he/she is more likely to adopt the practice than someone whose peers do not engage in such practice. Studies show that gender and age are closely linked to lifestyle and the use of khat (Ihunwo et al 2004;WHO,2010)

In general, use of Khat is believed to be influenced by socio-economic factors, socio-demographic and cultural factors. Socio-economic factors include; age, gender, education level, income, occupation, peer influence and also parental way of behavioral control. Community factors include; Parent's abuse of khat, nature of neighborhood, homelessness and peer pressure. Cultural factors; religious believes, attitude toward Khat use and cultural norms.

1.7.1: Diagrammatic Conceptual Framework

Independent Variables



CHAPTER TWO

LITERATURE REVIEW

2.1: Introduction

Khat also known as Abyssinian tea, Africa salad, Bushman's tea, Gat, Kat, Miraa, Tohai and Chat is a flowering shrub, native to the region extending from Eastern to South Africa, as well the Arabian Peninsula (Sikiru *et al.*, 1999). According to Fitzgerald (2009), Khat originated in Ethiopia and later spread to Somalia, Kenya, Uganda, Tanzania, the Congo, Zambia, Zimbabwe, Afghanistan, Yemen and Madagascar. According to a famous legend in Ethiopia the first human to use Khat was a Yemen herder who noticed the effect of the leaves of the plant on his goats and tried them himself after which he experienced wakefulness and added strength (Getahum *et al.*, 1923).

Khat grows wild across highland areas of Africa and Western Asia at altitudes between 5,000 and 6,500 feet above sea level. Either the leaves or tender stems from the shrub are masticated over a session lasting anything between 2 and 8 hours. To neutralize its bitter taste, sweet drinks are served, traditionally tea, but increasingly carbonated ones. However, in Uganda Khat is sometimes chewed while drinking alcohol (Anderson *et al.*, 2009).

The legal status of khat varies around the world, and is subject to review by governments often acting on the advice of the World Health Organization and the UN Office on Drugs and Crime. Khat is a legal substance in Yemen, Ethiopia, Djibouti, Kenya and Uganda, but is illegal in Tanzania and Rwanda. It is legal in UK and the Netherlands, but an illicit substance in the USA and Canada, (Beckerleg, 2008).

Men arriving in Uganda from north Yemen came from a region that has a long culture of using Khat. They arrived in a country where Khat shrubs grew wild, but where there was no local knowledge of its stimulant properties. Many Yemenis worked in the skins and hides business and traveled extensively, spotting the wild Khat plants in forests as they moved. By the twentieth century, the demand for the shrub by Yemenis in Uganda had increased and the local people had to supply. They went further to influence its cultivation in the Eastern area of Mbale and in Western centers of Kabarole District (Beckerleg, 2009). The spread of khat in Uganda has not been widely documented. However, in 2004–2005 a survey of Khat use in Uganda was carried out (Anderson et al., 2007)., the study found that khat was available in all towns and cities across Uganda, from Kitgum in the far north to Kisoro in southwest (Anderson *et al.*, 2007).

Khat consumption, once was the preserve of Somali and Yemeni migrants, but has now spread to all parts of the country and across all ethnic groups. Although Somalis have recently started claiming khat as a vital part of their culture, in most parts of Somalia khat-chewing dates back decades rather than centuries (Klein & Beckerleg, 2007). However, the majority of Somalis settling in Uganda came from Somali-land which lies close to the khat production area of Harar in Ethiopia (Gebissa, 2004), and therefore brought with them the culture of chewing the herb. Many of the early settlers had served in the King's African Rifles, and upon discharge were free to settle anywhere in British East Africa. They sent for wives from home and set up businesses in the transport and catering sectors across Uganda. In Kampala, the Somali community settled in Mengo and Kisenyi (Beckerleg, 2007).

Although alcohol remains the main drug of use in Uganda, khat use is becoming more widespread. From use by Somali and Yemeni migrants, the practice of chewing the plant has spread to all ethnic groups in Uganda, and is practiced by both Muslims and Christians alike

(Beckerleg, 2006). The focus of consumption has moved from the living room to video halls, alleyways and the ‘ghettos’, of both urban and rural areas. Two types of consumers have emerged: (1) the traditional users, ‘maqatna’, who chew khat accompanied by soft drinks; (2) the ‘mixers’ who combine khat sessions with alcohol (Beckerleg, 2006; Beckerleg, 2009a).

Studies further indicate that there are a number of social, economic and political factors associated with the global spread and use of drugs. In particular, George & Milligan (2005) found that one of the factors associated with substance abuse is family and community situations under which people are raised. Lack of parental affection, high levels of harsh criticism and hostility, inconsistent discipline and supervision, and general lack of parental involvement and guidance, all of which provide a foundation for development of aggressive, antisocial behavior vulnerable to substance abuse. (EMCDDA, *et al.*, 2010).

2.2: The Prevalence of Khat Use

Worldwide, it is estimated that 10 million people consume khat (NIDA, 2007). Studies show that khat use differs by age, sex and occupation. For instance a large study in Yemen showed that 82% men and 43% women reported one lifetime use of khat (NIDA, 2007). Another study in Ethiopia showed that the prevalence of khat use was 50% (Belew, 2000). A study conducted in South western Uganda showed that khat use was highest among law enforcement officials (97%) followed by transporters (9.2%) and students (8.8%), (Stephen, 2010; Ihunwo et al, 2004)

As with most drugs, consumption of Khat is determined by cultural prevalence and the interplay of supply and demand (Klein, 2004). In the UK, Australia and America Khat is almost exclusively consumed by people with Eastern Africa origin (Patel, 2005). The dramatic expansion of air cargo has made Eastern African Khat available in Europe, America and

Australia markets (Klein, 2004). Many studies emphasize that Khat consumption helps maintain “culture” and “identity” for the Diaspora communities (Stevenson *et.al.*, 1996; Patel, 2008; Sykes *et al.*, 2010).

Other than the cultural practice, Khat is used simply on social functions and for relaxation (Gebisa, 2008), it is playing a very considerable role in the economy of the producer countries such as Kenya, Eritria, and Ethiopia (Gebissa, *et al.*, 2011). A large number of people are involved in harvesting, packing, transporting and unloading of the product, which is not only the means of livelihood of the millions farmers and traders but also it enables them lead a better live than non- Khat growers (Feyisa and Aune, 2003; Habtamu, 2007; MoFED, 2011).

Despite the fact that about 84% of Khat produced in Eastern Africa is consumed locally, Khat export is on a growth path (Feyisa and Aune, 2003). The increased production and the improved communication network have played a pivotal role in the realization of Khat as international commodity for export (Anderson *et al.*, 2007). However, the growth of the number of the consumers of Khat in UK has raised much concern within the UK government wanting to find out the effects of Khat on the chewer. This is indicated in several commissions conducted by the National Drug Intelligence Unit (NDIU, 1990). The first report of its kind found no link between Khat and psychosis contrary to later scientific findings which confirm that Khat has adverse effects on health and social life (Cox, 2003; Balian *et al.*, 2009).

The paradox is clear; the use of the substance is an abomination for some and the basis of existence for others (Gebissa, 2004). In the western world, Khat is perceived as a health hazard, its consumption condoned only, as a culture of the immigrants with the African origin (NDIU,

1990), while in the Eastern Africa it is perceived as a harmless drug when not abused (Habtmamu, 2007).

Traditionally, consumption of Khat is concentrated around Eastern Africa and the Middle East (Klein, 2004). However, chewing of Khat is spreading worldwide and particularly in Europe and North America (Patel, 2008). Habitually, Khat chewing is a male activity in Eastern Africa communities though presently it has become increasingly popular among women (Kennedy *et al*, 2008). Previously Khat chewers were traditionally initiated at about 20 years of age, but presently they start using the drug earlier. In Kenya, consumption has become part of the youth culture (Carrier, 2005; Patel, *et al.*, 2005).

In practice, Khat production, trade and use is not criminalized in Kenya, Ethiopia, Somalia and Djibouti, the Sudan and Yemen. However, it's in most of the Arabian Peninsula and Tanzania (Fitzgerald, 2009). In the United Kingdom (UK) it is not criminalized, but it is elsewhere, in Western Europe and North America (Herbold, 1999). In the United States (US) Khat is most prevalent among immigrants from Somalia, Ethiopia and Yemen. These individuals use the drugs as a part of a culture in their countries of origin whereby the drug use is in casual settings or as part of religious ceremonies (Fitzgerald, 2009). Where the use of Khat starts at a young age, the habit is most likely to develop into a compulsive daily habit lasting lifetime (Patel, 2000).

Gebissa (2004) believed that the shrub Khat is misunderstood. A significant majority of Eastern African countries consider Khat to be an important cash crop. Unfortunately, many medical professionals in various countries, such as United States of America (U.S.A), do not share this view because it is a psychoactive shrub that produces a sense of euphoria when chewed in

massive amounts. To help clarify the perceptions of Khat, Gebissa (2004), examines the production, marketing and consumption of Khat in Eastern Africa.

According to Gebissa (2004), most of the people who chew Khat are farmers in Khat growing areas. They chew it for energy not simply for pleasure. For many people in the Eastern part of Ethiopia and Kenya, the chewing of Khat is a mark of identity. However in most other parts of the world, people chew Khat for Leisure (Patel, 2008).

In England and Wales there is no epidemiological tool for monitoring drug use, the British crime survey does not report on Khat use. Generally there is no sign of Khat use overall people. The Ethiopian, Somalis, Yemen, Kenya communities have prevalence of Khat use, according to the report of epidemiological data. (Patel, 1997).

In England, 602 participants from four cities in the country showed that 39% of the participants had used Khat once or more times in their life. 34% of them indicated that they had used Khat one month before the interview and 4% showed use of Khat on daily basis. 235 from the people who indicated as Khat users, 81% were male. Another study was 207 Somali in London are interviewed showed the same. (Griffiths P, *et al.*, 1997). In the research the overall sample had ever used Khat was 78% and those had used week end timed was 67% and 6% of the interviewee had been using Khat on a daily basis. The most differences is sex ratio, which the last sample being male was 73% compared to the previous research which was 54% so both of studies had reported the most Khat uses are males.

In UK report from Ethiopia, Somali and Yemen communities were interviewed including 23 men and 22 women; among them 82 % had ever used Khat. The current users were 60% while

26% used khat everyday (Home Office; In press). The report also indicated that the highest level of khat users were young Somalis in Sheffield. (Nabuzoka, and Badhadhe,2005).

Khat is commonly used people in Ethiopia, Kenya, Somalia, Eritrea, Djibouti, and Uganda and Arabian Peninsula including Yemen and Saudi Arabia. So according to African and Middle East countries' report Khat using is legal and part of social and cultural in these countries. The people's records that measuring the level of Khat users is varied, the condition in Somalia hampered due to the civil war. The only published documents in Somalia was randomly sampled 4,854 of Khat users and 31.13 of whom were self-confessed using Khat in the week period to interview and no data of lifetime prevalence and differences between the sexes are given. (Othiedno CJ, Kathuku DM, Ndetei Dn.2007). A survey carried out in rural Ethiopian communities found that 55% the participant had used Khat and the prevalence of current users was 50%. Among current users 17.4% of them had regularly used. (Alem A. *et al.*, 1999).

A study conducted in university teachers in Ethiopia found that 21% were current Khat users (Kebede Y. 2002). A study conducted in Kenya showed that Khat use is the third greatest common drug used after alcohol and tobacco. (Othieno CJ, *et al.*, 2002). A research conducted in Uganda amongst the sample of 181 adults, found that 31% use khat and current users was 20%. There was an association between Khat uses and tobacco smoking and it looked that Khat use is less noticeable in Uganda. On the other hand, a study conducted in the urban areas of Yemen showed that 81.6% of men and 43.2% of women were chewing khat (Numan N., 2004).

In Somalia the demand for khat is so heavy that 20 tons, - worth US\$ 800.000, - were shipped daily from Kenya before the ban by the Supreme Islamic Courts Council (Wax, 2006). The

Kenyan government banned all flights to Somalia, prompting protest by Kenyan khat growers that the local land in Meru North District had been specialized for khat cultivation and that the ban could devastate the local economy. With the victory of the Provisional Government at the end of 2006, khat has returned to Mogadishu, though Kenyan traders have noted that demand has not returned to pre-ban levels. Taking into consideration the newer and further political changes in Somalia, the present situation is unknown.

The trade of khat in one Somali city alone, - Hargeisa, - is estimated at 300.000 US\$ a day (Wax, 2006). In the USA khat is being sold for 300 - 500 US\$ a kilo, - with a bundle of leaves selling for 30 - 50 US\$. It appears that there is an increase in use of khat in the upstate New York area, probably due to return of the drug from Somalia.

In July 2006 the USA Drug Enforcement Administration (DEA) executed Operation Somalia Express, an 18-month investigation that resulted in the coordinated take down of 44-member international trafficking organization responsible for smuggling more than 25 tons of khat from the Horn of Africa to the USA. According to DEA estimation the khat was worth more than 10 million US\$ (DEA, 2006).

WHO (2001) reports that 14% of secondary school students in Kenya have used alcohol while, NACADA (2007) indicate that one in every three Kenyan high school students takes alcohol. Another 8.3% smoke cigarettes while almost one in every ten (9.1%) chew miraa and about 3%, smoke bhang. The report also indicates that students take hard drugs including heroine, cocaine, mandrax and tranquilers (NACADA, 2007).

Different studies conducted separately have shown that the prevalence of khat use is ironically varied among the nations in worldwide. Previously is thought, the use is conditioned the geographical location of the country, but now, the case is different and it's clear that the use of khat is global concern. Thus this study was trying to go far in identify the basic factors still blowing the khat dependence.

2.5: Socio-demographic factors that influence khat use

In Khat producing African countries Elm, (1983) studied Khat chewers in the two main cities in Somalia: Mogadishu and Hargeisa, the results showed that traders and business came out business transactions during parties, whereas for the unemployed it was a way of overcoming feelings of frustration boredom. In Somalia, Alem et al (1999) found that more men habitually chewed than women: 75% of men chewed khat regularly compare with only 7-10% of women. Kennedy et al' s(1989) Yemen studies had similar findings. overall, it seems that khat is less appealing to women, although in Somalia chewing has recently become more popular among the middle-class and educated women.

Muslim and male students were found to have higher odds of chewing khat in a study conducted in Gondar and Butajira among high school students, male Gondar had higher odds of khat chewing than female students. A similar finding reported among secondary school students in Saudi Arabia showed significant differences in chewing between male and females. This might be due to the common tendency of males to abuse substances compare to females and to the greater cultural acceptance of male substance use in Ethiopia and among others Khat consuming countries. Even though it is not sanctioned by the religion, as opposed Christian Muslims commonly report using khat to stay awake for prayers .Muslims are the primary consumers of khat ;(Armstrong, 2008:638).

In the 19th century, drugs tended to be available where they were produced or very close to the source production. The growth of transportation, tourism and communication in the 20th century made transportation of goods including drugs and people easy across the world. In study conducted in South Africa (WHO/UNDCP, 2003) Khat reported to be easily accessible in both rural and urban areas by 47% and 58% respondents respectively.

Studies further indicate that there are a number of socio-demography factors associated with the global spread and use of khat. In particular, George and Milligan (2005) found that one of the factors associated with khat abuse in family and community situation under which people are raised. Owing to the economic rewards of producing and transporting drugs, drugs use has continued to spread throughout the world (MOH2005; WHO 2002, WHO 2005). It has been estimated that the illegal drug market is worth between US\$100-500 billion (Reuter, 1996). Global trends in drug production, transportation, and consumption and difficult to describe and evaluate because of the complexities of that issues involved and lack of accurate information on these covert activities.

A critical synthesis of the foregoing literature indicates that although the factors associated with substance abuse are many, they can be categorized as genetic, socio-cultural, socio-economic and socio-demographic causes. This is actually supported by the work of the international council of nurses (2005). However, the studies from which these causes have been compiled were conducted outside Uganda and in contexts very different from the context of this study.

2.3: Socio-economic factors that influence khat use

Many studies underlined the existence of socio-economic factors that still influence or determine the addiction of khat among the consumers. High-risk adolescent behaviors associated with

substance abuse result from multiple causes, often beginning in early childhood, that change with age and are interrelated in complex ways. These causes operate at the levels of socioeconomic status, neighborhood, cultural context, peer influence, teachers' influence and, perhaps most importantly, family influences (Reiss *et al.*, 1991). Three broad categories of family influence have been studied in the literature on adolescent risk-taking: the shape and quality of family interactions, parenting styles and practices, and family modeling and socialization of risky behaviors. Additional family characteristics such as parents' socioeconomic status, maternal age at the birth of the child, ethnicity, and family size and structure play contributing roles as well. (Hill, *et al.*, 1995).

NACADA (2007) reports that friends (peers), availability of drugs in the nearby environment (compound or the surrounding community) and presence of users in the home are closely associated with the likelihood of having ever consumed alcohol among children age 10 – 14 years. More so, when a parent abuses drugs, then a child will be more at risk because of the positive attitude held by the parent. Consequently, the child imitates and gets initiated into drug use (Gikonyo, 2005; NACADA, 2007).

On the other hand, Studies have been done on the effect of area of residence on drug abuse. Some studies have shown that area of residence affects drug abuse (Otieno, 2005). The study reveals that students from high economic regions are more at risk than those from low economic regions. Other studies show that area of residence show no association with drug abuse (Muchiri, 2005) but the study reveals that drug abuse is more prevalent among the students from urban areas than those from rural.

According to (UNDCP, 1999), field research undertaken in Ethiopia in early 1998, confirmed that the cultivation of khat is financially attractive and is spreading into new areas, apparently at the expense of traditional staple and cash crops, and there is an increasing trend in cultivation and consumption of khat, which is legal in Ethiopia. There are no laws restricting its use, although the government discourages it.

According to (Flex Wedegaertner, 2010) report, it was found that Male khat users had a strong identification with khat use, while females were more ambivalent. The notions that khat consumption is a bad habit and consumers are malnourished were associated with female gender among khat users. Among the female's worries about health impact and loss of esteem in the family when using khat predicted abstinence. Male abstainers opposed khat users in the belief that khat is the cause of social problems the study shows that there is gender differences among the consumers, and the researcher concluded that there are distinct beliefs allowing a differentiation between males and females, khat users and abstainers when targeting preventive measures. In accordance to their specific values female khat users are most ambivalent towards their habit. Positive opinions scored lower than expected in the consumers. This finding creates a strong toe-hold for gender-specific public health interventions.

On the other hand, in same study found that; Female and male consumers have statistically significant differences in 29 opinions about khat. Females believe much more strongly that khat consumption should be eliminated, leads to constant aggression between spouses, khat houses are a source of epidemic infections, and khat causes loss of appetite, a poor physical appearance and is addictive. (Flex Wedegaertner, 2010)

According to (Lemessa D.2001) Cultivation of Khat is also a profitable business in poor countries like Yemen and Ethiopia (Yemen ranked at 88 according to the World Bank GDP list). It brings profit to many people involved in cultivation, production, selling, and smuggling the plant. It also brings revenue to the government in countries like Ethiopia where about 90% of production is exported.

Khat is widely used in Yemen, even by children. The prevalence is higher in males than in females. Studies have estimated prevalence to be 80% for males, and 50% for females in the capital Sana'a at age fifteen and above. (Basunaid S, *et al.*, 2008) Also between 15-20% of children under age 12 are daily consumers of Khat.(World Bank. 2007) Those consumers usually spend most of the day buying and chewing Khat, and that is severely affecting working hours and the national income in general, and the family and society in particular. (Balint *et al.*,.2009)

In study by (Ssentongo. *et al.*, 2006) found out that Mairungi is chewed for various reasons; 50% of the respondents chew in order to identify with others as a result of peer pressure, because of the euphoria it creates, enhances libido, yet ironically some used it to avoid casual sex. It is used to cure various diseases like jaundice and ulcers, to stay awake and for enhanced body strength. An elder believes that the Khat herb is useful to mankind if it is used appropriately in right doses and for rightful purposes.

Apart from that, it is believed that some people chew khat to manage/cope the social problems they have especially the bad memories from wars and other manmade disasters. According to report carried out by Stephan Bongard & Benjamin Pieck in Germany found that; the khat chewing behavior pattern was similar to what is reported from countries with a tradition in khat chewing. Migrants who reported an acculturation strategy of 'integration' also reported to chew

less khat than their 'separated', 'assimilated' or 'marginalized' peers. Contrary to our expectations however a stronger orientation toward the culture of origin correlated with less khat consumption.

No differences in khat consume were found between the several East-African ethnic groups and between men and women. The most often reported reason for chewing khat was that it helps to cope with bad memories. (Stephan, *et al.*, 2006). It's also found that peer and familial khat abuse impacts on adolescent khat chewing behavior. (Mohamed Salih Mahfouz, 2012). The findings suggest that khat control programs need to focus on peers and family members to reduce the prevalence of the habit along with its unfavorable consequences. Unlike the bulk of the tobacco literature where the association between socioeconomic status and smoking is well established ((Schaap *et al.*, 2009),

Parental education levels, occupation, and family income levels have no significant association with adolescents' khat chewing behavior. This is similar to findings on the roles of family backgrounds on cigarette smoking among adolescent school children in Slovakia, where parent educational level and employment status were not statistically associated with students' smoking status. (Baška T, *et al.*, 2010).

Social acceptability of khat chewing and socialization of this habit increase the likelihood of adolescents adopting the behavior ((Mohamed Salih Mahfouz, 2012), Less than a quarter of the study population reported that their parents disagree with their use of khat. This attitude is further supported by the socialization of this habit, as more than half of the female students and a quarter of the male students chew khat with family members and relatives. This social acceptability is more pronounced when we consider circumstances in which the adolescent chewed khat for the

first time. In the same study, the majority of adolescents reported that they use khat with someone else rather than chewing alone.

Family background has been associated with drug abuse. Studies have shown that parents' education level, occupation and mother's marital status affect drug abuse in a family (Wambua, 2002; Kiambithi, 2005). These studies show that incidents of drug abuse are higher among students with mothers with tertiary education than those with less education.

Some studies have shown that there is no clear cut correlation between drug abuse and level of education of abusers' parents for both genders (Orifa, 2004). According to Orifa, the correlation is seen among the girls. 14.8% of girls who abuse drug abusers are from homes in which neither of parents had attended college compared to 10.6% from homes where at least one parent attended college. The study finds out that fathers' education has no effect on drug abuse (Kiambuthi, 2005; Ndetei, 2009).

According to (Wanjala, 2006), Parental supervision on school work reduces the risk to drug abuse. Several studies have indicated that single parentage particularly unmarried mother's increases the risk of drug abuse among children (Merete, 2005, Gikonyo, 2005). Gikonyo (2005) further reports that children from unmarried mothers formed the highest number of drug abusers (75.6%) followed by widows (19.5%) and separated parents (4.9%), (NACADA, 2004). Other studies have however found out that there is no relationship between the parent's education and the drug use. (Atrom *et al.*, 2003).

Adolescents who receive low levels of parental behavioral control and acceptance show the greatest prevalence of substance abuse (Jackson *et al.*, 1994). It's equally important that 38.0%

of students said that their fathers were unaware of their khat use, compared with 36.9% who reported that their mothers were unaware.

On the other hand, some studies show that Residence patterns also appear to impact on khat chewing status. These studies suggest that adolescents living with their parents have the lowest percentage of khat chewing at 23.4% compared with the 43.3% of khat chewers who live alone. Similar findings with alcohol use have been reported in the USA (Johnson V, Pandina R. 1991).

According to a Kenyan nationwide survey on drug abuse among students revealed that the frequency and type of drugs abused vary from province to province. The extent of alcohol among secondary schools students in Nyanza has a prevalence rate of 26.9%. Western has the highest rate at 43.3%, Nairobi 40.9%, Central 26.3%, Rift valley 21.9%, Eastern 17.2% and North Eastern trails with 1.6%. On the other hand, prevalence rate of tobacco among students per province are: Nairobi 19.5%, Central 12.2%, Coast 10.5% while Nyanza has the lowest 5.2%. (NACADA, 2004)

It is worth noting that gender play an important role in chewing khat, according to Cathy Havel; nearly half of women interviewed chewed khat, three out of the five women's focused group stated that nobody chewed, and in the fourth only one women admitted to using khat. It was not possible to establish whether this was because the sample of the interviewees was different, or whether there was strong peer pressure for women to be against Khat-both for themselves and for men. The eight interviewees who had never used Khat were all women. The men's' focus group had varying ideas about women chewing. It was widely accepted in Somali groups that more women were chewing Khat, but separately from men. This was backed up by interview

findings. Unlike men, no women used Khat-houses of mafreshi. They tended to chew at home with friends or at friend's houses. There was also high rate of women chewing Khat alone.

Women tended to obtain their Khat from brothers, boyfriends or children who bought it for them, suggesting that it was not acceptable, on the whole, for women to be seen buying or using Khat in public. A comment from a men's focus group was that women tended to chew 'in secret'. The Ethiopian and one of the two Yemeni men's focus groups stated that women did not use Khat at all. However, this was not reflected in the interviews (although numbers were very small). The one Yemeni woman interviewed did use Khat, as did two of the five Ethiopian women interviewed. All said their use was occasional. (Havell. 2004).

In same study by Cathy Havell, it was found that unemployment play an important role in causation of Khat chewing among users. Unemployment was the most common associated issue mentioned by both women and men, and across all ethnic groups. For many, unemployment was seen as the central causative factor in problem Khat use. Twenty six (58%) interview respondents were unemployed overall, and 73% of women. Among Somalis, there appeared to be two distinct groups: older immigrants who may be well educated and skilled but have become demotivated and depressed by not being able to find work in the UK; and newer, younger refugees whose schooling was disrupted by the war in Somalia and who are often illiterate. (Cathy Havell. 2004).

Studies have shown that drug abuse varies with demographic characteristics such as age and gender (NACADA, 2004; Kiambuthi, 2005; Otieno, 2009). Other studies have however reported conflicting result that only age affects drug abuse (Orifa, 2005; Wanjala, 2006). Several studies have reported that availability and accessibility of drugs contribute to the abuse of drugs (Otieno, 2005; Kiambuthi, 2005; Gikonyo, 2005). Therefore, distance to the peddler or shop from the

school affects drug abuse (NACADA, 2004). According to (Otieno, 2005), indicate that availability of drugs such as miraa, tobacco, alcohol, marijuana in the school locality and which are sold cheaply encourage students to engage in drug abuse.

Kiambuthi (2005) reports it to be more serious in day schools and in situations where the public easily walks into school to sell their commodities. Other studies show that achievement in school and satisfaction with the school affect drug abuse more than the distance to drug peddlers (Harwood, 2000; Orifa, 2004; Merete, 2005).

Generally, in the literature, it shows that there are different socio-economic factors that are related to Khat use by some researchers while others oppose the relationships. The associated socio-economic factors to Khat use include; neighborhood, peer influence, teachers' influence and, perhaps most importantly, family influences. It's also mentioned that shape and quality of family interactions, parenting styles and practices, and family modeling and socialization of risky behaviors play an important role. Other socio economic factors include parents' socioeconomic status, maternal age at the birth of the child, ethnicity, and family size and structure play contributing roles as well. Some users especially the youth in refuges use Khat to manage/cope the social problems. Educational level, employment and parental behavioral control and acceptance also play an important role in chewing Khat

2.4: Socio-Cultural factors that influence Khat use

Some studies show that Khat chewing is related to religious, traditional and identity factors. According to (Operation Somalia Express), Khat is still a part of the cultural identity of people in Yemen, Somalia, and Kenya. The western world is also facing the problem which has increased

dramatically with globalization, immigration, the development of air travel and the unfruitful attempts at controlling international crime. The U.S. federal agencies, for example, seized more than 30 metric tons of Khat in a 6 month period during 2002. (Operation Somalia Express. 2006).

Conventionally, consumption of Khat is concentrated around Eastern Africa and the Middle East (Klein, 2004). However, chewing of Khat is spreading worldwide and particularly in Europe and North America (Patel, 2008). Habitually, Khat chewing is a male activity in Eastern Africa communities though presently it has become increasingly popular among women (Kennedy *et al*, 2008). Previously Khat chewers were traditionally initiated at about 20 years of age, but presently they start using the drug earlier. In Kenya, consumption has become part of the youth culture (Carrier, 2005; Patel, *et al.*, 2005).

Traditionally, Khat has been used as a socializing drug. It is mainly a recreational drug in the countries where it grows, though it may also be used by farmers and agricultural and other laborers for reducing physical fatigue and by lorry drivers and high school students for improving attention. Children very often start chewing Khat around the age of 10. At present in Yemen it is so popular that about 40% of the country's water supply goes towards irrigating it, with the percentage increasing by about 10 - 15% every year (Kirby, 2007). In Denmark a study done on a cohort of Danish Men born in 1953 shows that childhood social cultural determines drug and alcohol abuse (Merete, 2008)

Neighbors and Family background are important in the life of a child as it provides the environment for learning process. Parents, according to Ndiragu, are one's first teachers and counselors long before the child joins formal school and peer groups. More so, the mother provides the basic skills which are quite significant as determinants of the child's behavior (Ndiragu. 2001)

Different studies have reported different results about the effect of religious affiliation on drug abuse. Some studies have shown that the religious beliefs and attitude significantly influences the drug use habit. Muslim youth have the least use compared to Christian ones (NACADA, 2004; Muchiri, 2005). But according to Gikonyo (2005), more Muslims tend to abuse drugs than Christians. This study will try to clarify whether or not khat use is associated with cultural factors.

CHAPTER THREE

METHODOLOGY

3.1: Introduction

This chapter describes how the research was carried out to establish factors influencing use of Khat among the youth in Nakivale refugees comp in Uganda. The chapter explains the study design, source of data, study population, eligibility criteria, the sample size determination, sampling procedures, study variables, data collection tools and techniques, data management and analysis, quality control issues, ethical consideration, and study limitations are also presented in this chapter.

3.2: Study design

A cross-sectional study design was employed to generate the data for this study. Quantitative methods of data collection were utilized to effectively establish the demographic, cultural and economic factors underlying the use of khat by the youth in Nakivale refugee camp.

3.3: Source of data

The primary sources of data were the youths in Nakivale refugee's camp in South Western Uganda. Data was gathered using structured and semi-structured questionnaire. Literature was also reviewed to collaborate with the generated information on the factors contributing to Khat use among the youth in Nakivale refugee's camp.

3.4: Study population

The study population was the youths aged 15 to 24 years old and living in Nakivale refugee camp in South Western Uganda, at the time of the study. The selection was done conveniently to be able to get people who were ready to volunteer the information required.

3.5: Eligibility criteria

3.5.1: Inclusion criteria

The interviewees had the following characteristics:

- Youths aged 15-24 years and living in Nakivale refugee camp at the period of data collection
- Youths who understood and could speak any of the following languages Swahili, Somali, Kinyarwanda and Tigrinya
- Youths who had stayed for a period of six months or more in the refugee camp
- Youths who were willing to participate in the study by volunteering information

3.5.2: Exclusion criteria

Those who were not included in the study include:

- The youth who were not mentally stable or insane
- Youths who were drunk at the point of data collection
- Youths who qualified to be recruited into the study but were not willing to participate
- Youths who had lived less than six months in the camp
- Youth who could not understand or speak Somali, Swahili, Tigrinya nor Kinyarwenda

3.6: Sample size determination

Since we didn't know the exact estimated population of khat users in Nakivale camp who were above the stipulated age of 15-24 years, the researcher used Kish-Leslie formula to determine the required sample size.

$$n = \frac{Z^2PQ}{(e)^2}$$

Where n = required sample size

$Z^2 = 1.96$ (Critical value of the standard normal distribution corresponding to error rate $\alpha/2$ at the level of significance $\sigma = 0.05$ (5%).

P = Proportion of the population (15-24 years old) living in Nakivale refugee camp and chew khat.

Q = (1-P), proportion of the population (15-24 years) in Nakivale camp who do not chew khat.

e = allowed standard error

Thus, $P = 0.5$

$Q = 0.5$

$e = 0.05$

Using the formula above, the sample size was:

$$n = \frac{(1.96) \times (1.96) \times (0.5)(0.5)}{(0.05) \times (0.05)}$$

$$n = \frac{(3.8416) \times (0.25)}{(0.0025)}$$

$$n = 384.16 \approx 384 \text{ respondents}$$

10% was factored in to cater for non-response bringing the sample size to **422 participants**

3.8: Sampling procedures

The study only targeted those youth between 15 to 24 years of age and living in Nakivale refugee camp, at the time of the study. The researcher therefore adopted convenient sampling method to access those who fulfilled the criteria in order to obtain the required sample size of 422 participants.

3.9: Study variables

3.9.1: Independent variables

Socio-demographic factors

- Age
- Sex
- Nationality
- Marital status
- Parental control

Socio-economic factors

- Level education
- Level of income
- Occupation status
- Type of employment

Socio-cultural factors

- Religious inclination
- Attitude towards use of khat
- Cultural norms
- Parents who use Khat

- Neighbors who use Khat
- Peer pressure

3.9.2: Dependent variable

The use of Khat among the youths living in Nakivale refugee camp in South-western Uganda

3.10: Data collection Tools

3.10.1: Questionnaire

Respondents were interviewed using structured and semi-structured questionnaires. The researcher subjected the questionnaires to eligible consenting individuals to generate these data.

3.11: Data collection Techniques

The principle investigator recruited three research assistances fluent in Kiswahili, Tigriya and Kinyarwanda and were responsible to collect data in the three dilects. The principle investigator was responsible for administering the tool to those people who spoke Somali language. Face to face interview method was adopted to gather the data. The researcher would pose the question to the interviewees and go ahead to explanation where necessary during the interviews to be able to correct accurate data. The responses were then captured in the questionnaires by the research team. The interviews were conducted after obtaining consent from the interviewees. The questionnaire would only be administered to only those who met the inclusion criteria.

3.12: Data analysis and management

After collecting the data, the principal investigator checked the completed questionnaires; checked the data for consistency and completeness. Data were coded, cleaned and entered into the computer using SPSS (version 16.0) analytical package. The findings were then summarized in form of text, tables and graphs.

3.13: Quality control issues

Three research assistances fluent in Kiswahili, Tigriya and Kinyarwanda were recruited and trained on the tool to assist in data collection. This was because the majority of people in Nakivale camp speak these languages in addition to English. The tools were therefore translated into Somali, Kiswahili, Tigriya and Kinyarwanda languages. These tools were pre-tested outside the study area to ensure accuracy and consistence; not altering the meaning of the questions. Data collection tools were checked for completeness and accuracy and stored safely after each field day.

3.14: Ethical considerations

The research was done with the approval of the research committee of International Health Sciences University, and the data was collected under the permission of the local council authority. Consent was requested from each respondent before collecting data from them. To ensure privacy and confidentiality, the respondents were interviewed individually and the filled questionnaires were kept under lock and key for maximum security.

3.15: Limitation of the study

The possible limitation of this study is the fact that some participants were not willing to divulge the information on the experience related to the use of khat.

CHAPTER FOUR

PRESENTATIONS OF RESULTS

4.1: Introduction

This chapter presents the findings of the study; the researcher used descriptive statistics including tables and graphs. Also Pearsons' Chi-square and its P-value tests of significance were used to establish the socio-demographic, cultural and socio-economic factors associated with the use of Khat among the youth in Nakivale refugee camp. The findings are presented in order of the study objectives.

4.2: Univariate analysis

4.2.1: Socio-demographic characteristics of the respondents

The study involved 422 participants; 177 (41.9%) were in the age bracket between 15-19 years whereas 245 (58.1%) were between 20 to 24 years. The majority of the participants were Somalis 170 (40.3%), followed by Eritreans 78 (18.5%), Ethiopian 57 (13.5%), Congolese 52 (12.3%), Ugandans 46 (10.9%) and the smallest number 19 (4.5%) was contributed by refugees from Burundi and Rwanda.

Looking at the sex distribution of the respondents, the majority were males 235 (55.7%) whereas 187 (44.3%) were females. Regarding the marital status, most participants 244 (57.8%) were single, 120 (28.4%) were married, 31 (7.4%) were divorced while 27 (6.4%) were separated. On the issue of parent's guidance in decision making, 212 (50.2%) had parental guidance while 210 (48.8%) had no parenteral guidance.

Table 1: Socio-demographic characteristics of the respondents

Characteristics	Frequency (N=422)	Percentage (%)
Age		
15-19 years	177	41.9
20-24 years	245	58.1
Total	422	100.0
Nationality		
Somali	170	40.3
Ugandan	46	10.9
Ethiopian	57	13.5
Congolese	52	12.3
Eriterian	78	18.5
Others	19	4.5
Total	422	100.0
Sex		
Male	235	55.7
Female	187	44.3
Total	422	100.0
Marital status		
Married	120	28.4
Single	244	57.8
Divorced	31	7.4
Separated	27	6.4
Total	422	100.0
Parental guidance in decisions making		
Yes	212	50.2
No	210	49.8
Total	422	100.0

4.2.2: Socio-economic characteristics of the respondent

Table 2 below shows the socio-economic characteristics of the respondents. Looking at the education level of the respondents, 114 (34.1%) had not attained formal education, 54 (12.8%) attended primary education, 125 (29.6%) were at secondary school level whereas 99 (23.5%) attended tertiary education. As regards employment status, 168 (39.8%) were employed whereas

254 (60.2%) were unemployed. Among the employed portion, 69/168 (41.1%) were self-employed whereas 99/168 (58.9%) were working for someone else.

For the employed respondents, their level of income were as follows; the majority 71/168 (42.3%) were earning 50,000 to 99,000 UGSHs, 45/168 (26.8%) earned between 100,000 - 199,000 UGSHs, 41/168 (24.4%) were earning between 200,000-299,000 UGSHs while the minority 11/168 (6.5%) earned 300,000 UGSHs and above.

Table 2: Socio-economic characteristics of the respondent

Characteristics	Frequency (N=422)	Percentage (%)
Level of education		
No formal education	144	34.1
Primary	54	12.8
Secondary	125	29.6
Tertiary	99	23.5
Total	422	100.0
Employment status		
Employed	168	39.8
Not employed	254	60.2
Total	422	100.0
Nature of employment		
Self-employed	69	41.1
Someone else	99	58.9
Total	168	100.0
Monthly income (UgX)		
Between 50,000-99,000	71	42.3
Between 100,000-199,000	45	26.8
Between 200,000-299,000	41	24.4
300,000 and above	11	6.5
Total	168	100.0

4.2.3: Socio-cultural characteristics of the respondents

Table 3 below presents the cultural characteristics of the respondents and the environment they live in. The majority of the respondents 205 (48.6%) were Muslims, 110 (26.1%) were Catholics, 88 (20.9%) were Protestants while 19 (4.5%) of the respondents were from the other regions like Born-again among others. In response to having neighbors who chew Khat, 277 (65.6%) have some neighbors who chew Khat while 145 (34.4%) do not have neighbors who chew Khat.

As regards to living parents, 316 (74.9%) of the participants had living parents while 106 (25.1%) their parents had died. Among those whose parents were living, 272/316 (86.1%) had grown with the parents while 44/316 (13.9%) never grew with their parents. For those who had no parents, 84/106 (79.3%) had grown with their relatives, 17/106 (16.0%) had grown up under the care of family friends while 5/106 (4.7%) had grown up under the care of their neighbors.

In response to parents or guardians chewing Khat; 230 (54.5%) had a parent or guardian who chew khat whereas 192 (45.3%) had neither parent nor relative who chew Khat. Nonetheless, 293 (69.4%) of the respondents indicated they had ever lived with someone who chew Khat while 129 (30.6%) had never lived with someone who chew Khat.

Considering the perception of respondents to the people who chew khat; 200 (47.4%) see no problem with chewing khat, 191 (45.3%) believed it was a bad practice, 21 (5.0%) were not bothered at all while 10 (2.4%) were non-committal. On the issue of relationship with parents, the majority 307 (72.7%) were treated well by the parents whereas 115 (27.3%) were mistreated including isolation.

Table 3: Socio cultural characteristics of the respondents

Characteristics	Frequency (N=422)	Percentage (%)
Religion		
Muslim	205	48.6
Catholic	110	26.1
Protestant	88	20.9
Others	19	4.5
Neighbors using khat		
Yes	277	65.6
No	145	34.4
Total	422	100.0
Living parents		
Yes	316	74.9
No	106	25.1
Total	422	100.0
Grew up with parents		
Yes	272	86.1
No	44	13.9
Total	316	100.0
Caretaker if no parents		
Friends	17	16.0
Neighbor	5	4.7
Relatives	84	79.3
Total	106	100.0
Khat use by parents		
Yes	230	54.5
No	192	45.3
Total	422	100.0
Ever lived with khat chewers		
Yes	293	69.4
No	129	30.6
Total	422	100.0
Attitude towards khat chewers		
Good	200	47.4
Badly	191	45.3

Not bothered	21	5.0
I don't know	10	2.4
Total	422	100.0
Treatment by parents or guardians		
They treat me well	307	72.7
Isolated from other children	115	27.3
Total	422	100.0

4.2.4: Khat use

This information is summarized in table 4 below. Out of the 422 participants, the majority 270 (64.0%) were not using Khat while 152 (36.0%) of them were Khat users. Among the Khat users, 91/152 (59.9%) used Khat daily, 28/152 (18.4%) used Khat weekly, while 33/152 (21.7%) used it monthly. Among the current non users of Khat, 197/270 (73.0%) had never used it whereas 73/270 (27.0%) had ever used it.

Table 4: Khat use among the youth in Nakivale refugee camp

Characteristics	Frequency (N=422)	Percentage (%)
Use of khat		
Yes	152	36.0
No	270	64.0
Total	422	100.0
Frequency		
Daily	91	59.9
Weekly	28	18.4
Monthly	33	21.7
Total	152	100.0
Ever used Khat		
Yes	73	27.0
No	197	73.0
Total	270	100.0

Figure 1: Distribution of Khat use among the different nationalities in Nakivale refugee camp

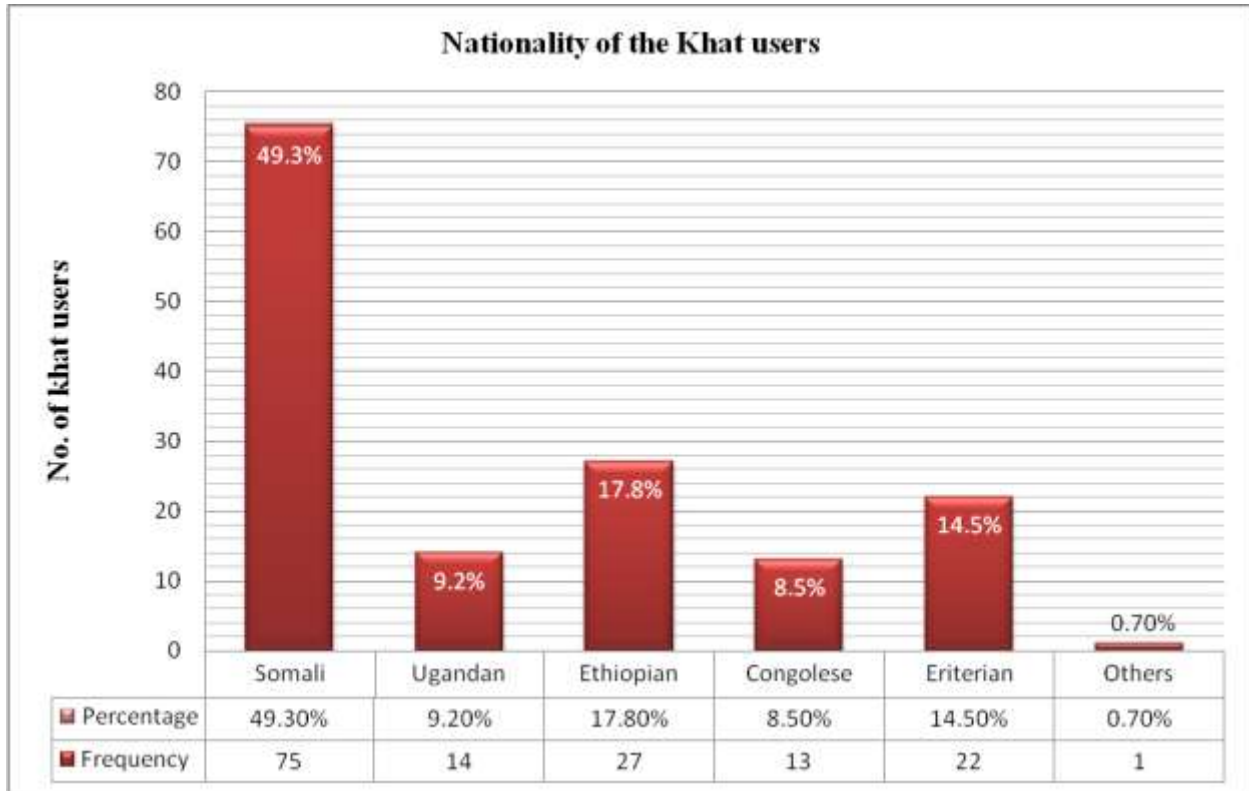


Figure : Nationality of the Khat Users

The distribution of nationalities who use khat in Nakivale camp is represented in figure 2 above. Most of khat users in the camp 75 (49.30%) are Somalis, followed by Ethiopians 27 (17.8%), Eritreans 22 (14.5%), Ugandans 14 (9.2%), followed by the Congolese 13 (8.5%) and the least 1 (0.7%) are from other countries like Rwanda and Burundi.

4.3: Bivariate analysis

4.3.3: Socio-demographic factors influencing khat use among youths in Nakivale camp

Table 5 below shows some socio-demographic factors cross-tabulated against use of khat. Factors like nationality, sex and marital status were strongly associated with the use of khat among the youth ($P\text{-value} < 0.05$). However, factors like age and parental guidance were not statistically associated with the use of khat among youths ($P\text{-value} > 0.05$)

Table 5: Socio-demographic factors influencing khat use among youths in Nakivale camp

		Use of Khat				
Variables	Characteristics	Yes	No	Total	X ²	P-value
Age	15-19 years	64	113	177	0.003	0.960
	20-25 years	88	157	245		
	Total	152	270	422		
Nationality	Somali	75	95	170	21.252	0.001
	Ugandan	14	32	46		
	Ethiopian	27	30	57		
	Congolese	13	39	52		
	Eritrean	22	56	78		
	Others	1	18	19		
	Total	152	270	422		
Sex	Male	110	125	235	26.789	0.000
	Female	42	145	187		
	Total	152	270	422		
Marital status	Married	62	58	120	20.956	0.000
	Single	69	171	240		
	Divorced	10	21	31		
	Separated	11	16	27		
	Others	0	4	4		
	Total	152	270	422		
Parental guidance	Yes	79	133	212	0.287	0.592
	No	73	137	210		
	Total	152	270	422		

4.3.1: Socio-economic factors influencing khat use among the youth in Nakivale camp

The table 6 below shows the factors that are associated with the use of khat among the youth in Nakivale refugee camp. Some socio-economic characteristics were cross-tabulated against the practice of chewing khat to find if there is any relationship. Based on the results, it was only nature of employment (whether self-employed or employed by someone else) that was statistically significant ($P\text{-value}=0.004$) with the use of khat. The other factors were not statistically significant ($P\text{-value}>0.05$).

Table6: Socio-economic factors influencing khat use among the youth in Nakivale camp

Variable		Use of Khat		Total	X ²	P-value
		Yes	No			
Level of education	No education	59	85	144	3.863	0.277
	Primary	19	35	54		
	Secondary	37	88	125		
	Tertiary	37	62	99		
	Total	152	270	422		
Employment status	Yes	68	100	168	2.406	0.121
	No	84	170	254		
	Total	152	270	422		
Nature of employment	Self-employed	37	32	69	11.104	0.004
	Someone else	33	66	100		
	Total	70	98	168		
Level of income	Between 50,000-99,000shs	26	45	71	5.462	0.243
	Between 100,000-199,000	22	23	45		
	Between 200,000-299,000shs	17	24	42		
	300,000shs and above	5	6	11		
	Total	70	98	168		

4.3.2: Socio-cultural factors influencing use of Khat among the youth in Nakivale camp

Table 7 below shows the relationship of socio-cultural factors with the use of Khat among the youth in Nakivale refugee camp. The following factors including having neighbors who chew khat, having parents or guardians who chew khat, having lived with someone who chewed khat and the attitude towards khat users were found to have a strong statistical significant ($P\text{-value}=0.000$) with use of khat. The other factors including religion, dead or living parents,

growing up with parents and the treatment of the parents were not statistically significant (P -value > 0.05) with the use of khat.

Table7: Socio-cultural factors influencing use of khat among the youth in Nakivale camp

Variables		Use of Khat		Total	X ²	P-value
		Yes	No			
Religion	Muslim	77	128	205	0.512	0.916
	Catholic	37	73	110		
	Protestant	31	57	88		
	Others	7	12	19		
	Total	152	270	422		
Neighborhood using khat	Yes	139	138	277	70.156	0.000
	No	13	132	145		
	Total	152	270	422		
Living parents	Yes	114	202	316	0.002	0.966
	No	38	68	106		
	Total	152	270	422		
Growing up with parents	Yes	87	185	282	4.347	0.114
	No	19	25	54		
	Total	106	210	316		
Lost parents in childhood	Yes	25	40	76	3.419	0.181
	No	20	21	43		
	Total	45	61	106		
Caretaker	Friends	10	10	27	5.415	0.144
	Neighbor	1	4	5		
	Relatives	33	48	90		
	Total	44	62	422		
Use of khat by parents or guardians	Yes	128	102	230	84.555	0.000
	No	24	168	192		
	Total	152	270	422		
Lived with khat chewers	Yes	140	153	293	57.546	0.000
	No	12	117	129		
	Total	152	270	422		
Attitude towards khat users	Good	98	102	200		
	Badly	36	155	191		
	Not	14	7	21		

	bothered				47.688	0.000
	I don't know	4	6	10		
	Total	152	270	422		
Parents'/guardians' treatment	Treat me well	105	202	307	1.614	0.204
	isolated from other children	47	68	115		
	Total	152	270	422		

CHAPTER FIVE

DISCUSSION OF THE RESULTS

5.0: Introduction

This chapter discusses the key findings generated from data analysis. The deductions made are dependent on the statistical associations of particular variables with the use of khat among the youth aged between 15-24 years living in Nakivale refugee camp in South-Western Uganda. This discussion is arranged according to the study objectives.

5.1: Socio-demographic factors influencing use of khat among the youth in Nakivale camp

The majority of the respondents (58.1%) were between the ages of 20 to 24 years old while those between 15 to 19 years contributed (41.9%). But interestingly, the prevalence of khat users was higher (36.2%) among the youths aged 15 to 19 years as compared to the (35.9%) prevalence among the age bracket of 20 to 24 years old. Nevertheless, there was no association between age and the use of khat ($P\text{-value}=0.960$). This study however is in contradiction with NIDA's study findings carried out in the USA in 2007 which showed that khat use differs amongst age groups (NIDA, 2007). So this finding among the youths in Nakivale camp could be confounded by several factors including education level and employment among others.

As regards to nationality, the majority of the respondents were of Somali origin (40.3%) while the least were from other countries including Burundi and Rwanda. Like-ways, the prevalence of chewing khat was higher amongst refugees of Somali origin compared to those from Burundi and Rwanda. The bivariate analysis also shows that nationality had a strong association ($P\text{-value}=0.001$) with the use of khat. These findings are consistent with Fitzgerald's study which demonstrated that the prevalence of chewing khat was higher among immigrants from Somalia

and Ethiopia than other migrants. He found that individuals use the drugs as a part of a culture in their countries of origin where drug-use is in casual settings or as part of religious ceremonies (Fitzgerald, 2009).

These findings therefore tie with culture, where people from the Horn of Africa including Somalia use khat more than other countries in East Africa. *“Chewing of Khat is a mark of identity in East African countries including Somalia, Ethiopia and Kenya, but the other parts of the world chew khat for leisure times”* (Patel, 2008).

The practice of chewing khat among the youths in Nakivale camp is higher in males than females i.e. 72.4% and 27.6% respectively. There was also a strong association ($p=0.000$) between sex and the practice of chewing khat among the youth in Nakivale refugee camp. One might be tempted to reason that the female gender is concerned about their health more than men and also try to protect their esteem more than their male counterparts. This finding is in line with Flex Wedegaertner study who found that gender had a strong association with use of khat. *“Culturally women don't say publicly their khat chewing status or they have a perception that khat leads to a constant aggression between spouses or khat houses are a source of epidemic infections, and khat causes loss of appetite, a poor physical appearance and is addictive”* (Flex Wedegaertner., 2010).

The majority of khat chewer's among the respondents were single (45.4%) followed by the married (40.8%). The results that emerged from the bivariate analysis showed marital status had a strong significant relationship with khat chewing among the youth in Nakivale refugee camp. This study is consistent with the study of Njuguna in Eastleigh, Nairobi Kenya, who found that the majority of khat chewers were single (Njuguna ,2012). One can be tempted to argue that the

married people owe accountability to their spouses which is not the case with those who are single or not married for that matter.

One would imagine that parenteral guidance has a big influence on the child's behavior and therefore habits. This however was not the case with the findings of this study where the association between parenteral guidance and use of khat was not statistically significant ($P\text{-value} > 0.05$). This however is in contradiction with Mahfouz findings in 2013, who observed that the attitude of parents towards the use of khat among their children determined if the children used it. This finding in Nakivale camp, therefore, could be confounded by several other factors.

5.2: Prevalence of Khat use among the youth living in Nakivale camp

According to the study, the prevalence of khat use among the youth living in Nakivale refugee camp is 36%. This figure is almost in agreement with Numan's finding of 31% khat use prevalence in Uganda in the study which he conducted in the country in 2004.

Nevertheless, the prevalence of khat use varies among the different communities living in Nakivale camp. Among the khat users, refugees of Somalia origin were the majority, followed by Ethiopians, then Eritreans, and the Ugandan refugees followed in that order. This finding agrees with Patel, who found that Khat is most prevalent among immigrants from Somalia and Ethiopia (Patel, 2000). The least users however were Rwanda and Burundi refugees followed by the Congolese.

That notwithstanding, the prevalence of khat consumption also raising (9.2%) among Ugandans. This finding is in line with (UBOS, 2008) findings which showed that 5% to 10% of the

Ugandan population use khat. This is also in agreement with the the Ministry of Health statement of 2005 which underscored the increasing prevalence of khat use in Uganda.

5.2: Socio-economic factors influencing khat use among the youth in Nakivale camp

The majority of the study respondents had not attained formal education, followed by those who had attained secondary school, then tertiary education and the least had attended primary level education. This implies that the youth in Nakivale refugee camp are mainly of low education level. Nevertheless, analysis showed no statistical association between education level and use of khat. These findings are in total agreement with the study carried out by Orifa in Kiembere-Kenya, which showed no association between drug abuse and education level (Orifa., 2004).

The majority 254 (60.2%) of the respondents were unemployed possibly because of their low education levels or the regulations that govern the refugee camps or mere minimum job opportunities in the camp. Nonetheless, there was no statistical significance association between employment status and khat use among the youths in the camp. This finding however, contrasts with the study that was carried out in England by Cathy Havell among the Somali, Ethiopian and Yemen communities which showed that unemployment played a significant role in perpetuating chewing khat among users (Havell., 2004).

However, the nature of employment had a significant association ($P\text{-value}=0.004$) with the use of Khat. Results show that among the 69 self-employed participants, 53.6% of them had used khat whereas of the 100 who were working for someone else, only 33.0% of them used khat. The interpretation of this is not straight forward, but possibly self-employed participants make their own decisions when to chew khat while their counterparts were always under intense pressure from their employers and have little time to sit at the marfishes. One also can argue that those

who are self-employed always have loose change on them which they can afford to spend on khat.

The study found no statistical significance between the level of income and use of khat. Quite interestingly though, those who were earning less had the majority of the khat chewers while those who were in an upper payment bracket had fewer people who chew khat. One possible explanation could be that having no money does not limit one from accessing khat. This is possibly due to the fact that even those with poor income can rely on their well-paid friends since khat is commonly shared at the marfishes. This finding is in agreement with the study that was done in England by Havel C, which showed that khat use does not vary across different earners at the different levels of income (Havel C, 2004). Nevertheless, the findings contrast those of a study carried out in Kisenyi, Kampala - Uganda which demonstrated a statistical significance between monthly income and khat use (Abdinasir., 2013).

5.3: Socio-cultural factors influencing use of khat among the youth living in Nakivale camp

There was a strong relationship between having a neighbor who uses khat and chewing khat ($P\text{-value}=0.000$). Many of the respondents whose neighbors used khat were more likely to use khat than those whose neighbors never used it. This is possibly because neighbors have an influence on someone habits and practices, especially the children and the youth. According to Ndiragu, family background and neighbors play important roles in the life of a child as it provides the environment for learning process and also provide basic skills which are quite significant for the child's behaviors (Ndiragu., 2001). On the other hand, social acceptability of khat chewing and socialization of this habit increase the likelihood of adolescents adopting the behavior (Mohamed Salih Mahfouz, 2012),

Also parents and or guardians habit of chewing khat had a strong statistical association ($P\text{-value}=0.000$) with khat use. Participants whose parents or guardians chewed khat were highly likely to use khat than was the case with those respondents whose parents or guardians never used khat. This is self explanatory since parents are always role models to the children who do follow their parents' footsteps however bad.

Influence plays a big role in acquiring certain habits. Having lived with a person who used khat also had a strong association ($P\text{-value}=0.0000$) with khat use among the respondents. The explanation here could be mere influence especially if the former is older than the latter.

Attitude towards khat users had a strong association ($P\text{-value}=0.0000$) with the use of khat. Of the 200 respondents who had a good perception towards the habit of using khat, 49.0% of them actually used khat. Whereas of the 191 who believed khat use was bad habit, only 18.8% used khat. This implies that positive attitude towards use of khat is actually a driver to using khat. Infact, those with positive attitude were highly likely to chew khat than was the case with their counterparts; implying that positive attitude played an important role in adopting this habit.

The majority of the participants 205 (48.6%) in this study were Muslims while the groups from born-again sectors were the least. Nonetheless, religion was not a statistically significant predictor of khat use. This implies that religion in its own sense does not influence the practice of using khat. This finding is in agreement with Beckerleg, who argued that khat use is spread to all ethnic groups in Uganda and it is practiced by both religions, Muslims and Christians alike (Beckerleg, 2006).

There was no association between the living status of the participants' parents and use of khat among the youth living in Nakivale camp. This implies the presence or absence of a parent had no direct influence on the habits the respondents as far as using khat is concerned. This finding however, is in disagreement with Johnson and Pandina's study which found that adolescents living with their parents had the lowest prevalence of khat chewers compared to those who lived alone (Johnson V, Pandina R.; 1991).

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1: Conclusions

The prevalence of using khat among the youth in Nakivale refugee camp is 36%, showing an increase 5% from the previous studies done in Uganda.

The nature of employment, i.e. being self-employed or being employed by someone else has been associated with use of khat among the youths living in Nakivale camp.

Behavioral influence, including neighbors who chew khat, having lived with people who chew khat, and parents or guardians use of khat had great association with the youths' use of khat in Nakivale camp.

Positive attitude indeed influences adoption. Those respondents who had perception towards use of khat actually used khat.

Lastly but not least, nationality, sex and marital status played an important role in perpetuating the use of khat among the youth living in Nakivale refugee camp.

6.2: Recommendations

Based on the study findings, strategic intervention to address the increasing use of khat among the youths in Nakivale camp need to be designed. The researcher therefore recommends to the Government of Uganda and the other developmental partners to implement the following recommendations to curtail the steady increase of khat chewing among the youth.

- The Government of Uganda should endorse legislations against the sell and use of khat to limit the availability and access of khat to the potential users
- Mass youth mobilization and health education together with involving cultural and religious leaders in programs against use of khat should be initiated
- Awareness campaigns about the health risks and dangers associated with khat chewing to avert the social acceptability of khat among the communities.

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Department, University of Nairobi.

APPENDICES

APPENDIX I: INFORMATION SHEET

Greetings.....

My names are Maryan Daud Warsame, I am a student from International Health Sciences University (IHSU) based in Kampala. I am carrying out a study to assess the factors that influence Khat use among the youth aged between 15-24 years in Nakivale refugee camp, here in Western Uganda. We are therefore seeking for your consent to participate in this study.

During the course of this interview, you will be asked questions which will help us identify the factors that influence Khat use among the youths in this camp (Nakivale refugee camp). The information you give will guide us in identifying solutions to address this problem.

All the information given to us will be treated with maximum confidentiality and will never be disclosed at any one time to anyone and no names will be included in any of our reports or publications.

We therefore request for your consent to participate in this study and our interaction with you will take about 15 minutes of your time. You are free to participate or opt out without fear for any repercussions, whatsoever.

If you agree to participate, please furnish us with correct information about the questions that will be asked. In case you do not understand the question, please feel free to ask us to elaborate on what we intend to mean.

I agree to participate:

I decline to participate:

APPENDIX II: RESARCH QUESTIONNAIRE

This questionnaire is about FACTORS INFLUENCING KHAT USE AMONG THE YOUTH AGED BETWEEN 15-25 YEARS IN NAKIVALE REFUGEE CAMP IN WESTERN UGANDA. The information given to us will be treated with maximum confidentiality and it will be for study purposes only.

I agree to participate:

I decline to participate:

QUESTIONNAIRE NO:

SECTION - A: Socio-demographic factors

NO.1. what is your age?

NO.2. what is your nationality?

1. Somali
2. Ugandan
3. Ethiopian
4. Congolese
5. Eritrean
6. Others

NO.3. Sex

1. Male
2. Female

NO.4. what is your marital status?

1. Married
2. Single

3. Divorced
4. Separated
5. Others, specify

NO.5. Do your parents' guide you while making your decisions?

1. Yes
2. No

SECTION B: KHAT USE

NO.6. Do you chew Khat?

1. Yes
2. No

NO.7. If YES, how is often?

1. Daily
2. Weekly
3. monthly

NO.8. If no, have you ever use Khat?

1. Yes
2. No

SECTION C: Socio-cultural factors

NO.9. what is your religion?

1. Muslim
2. Catholic
3. Protestant
4. Others (specify)

NO.10. Is there anyone in your neighborhood who chews khat?

1. Yes

2. No

NO.11. are your parents still alive?

1. Yes
2. No

NO.12. If YES, did you grow with your parents?

1. Yes
2. No

NO.13. If NO, were you still child by the time your parents died?

1. Yes
2. No

NO.14. If no parents, whom do you stay with or who brought you up?

.....

NO.15. Do any of your parents or guardians chew khat?

1. Yes
2. No

NO.16. Have you ever lived with a person who chews khat?

1. Yes
2. No

NO.17. How do you perceive someone who chews khat?

1. Good
2. Badly
3. Iam not bothered
4. Don't know

NO.18. How do your parents or guardians treat you?

1. They treat me well

2. Isolation from other children

SECTION D: Socio economic factors

NO.19. What is your level of education?

1. No formal education
2. Primary
3. Secondary
4. Tertiary

NO.20. Are you employed?

1. Yes
2. No

NO.21. If yes, are you self-employed or you are employed by someone else?

1. Self-employed
2. Someone else

NO.22. If employed, how much do you earn per month?

1. Between 50,000-99,000 shs
2. Between 100,000-199,000 shs
3. Between 200,000-299,000 shs
4. 300,000 shs and above

THANK YOU VERY MUCH

APPENDIX V: WORK PLAN

ACTIVITY	JAN- APRIL	MAY	JUNE	JULY- AUGUST	SEPTEMBER	NOVEMBER
PROPOSAL WRITING	X					
CONSULTATION WITH THE SUPERVISOR		X				
SUBMISSION OF THE FINAL PROPOSAL		X				
DATA COLLECTION			X			
DATA EDITING, ANALYSIS AND SUBMISSION OF 1st , 2nd and 3rd FULL DRAFTS- ALL CHAPTERS OF THE RESEARCH REPORT			X	X		
SUBMISSION OF 3 SPIRAL BOUNDS COPIES FOR MARKING TO THE FOCALTIES OFFICE					X	
SUBMISSION OF THE DESSERTATION TO IHPM						X

APPENDIX VI: BUDGET

<u>ACTIVITY</u>	<u>ITEMS</u>	<u>QUANTITY</u>	<u>UNIT COST</u>	<u>TOTAL IN UG SHS</u>
REPORT WRITING	Pens, book	-----	15,000	15,000
	Pencils, printing questionnaires	6 pencils and printing 2304 papers	240,0000	240,000
DATA COLLECTION	Transportation		100,000	100,0000
	Hiring and training research assistances for data collection		40,000	200,000
	Lunch during data collection	2 days	50,000	100,000
	Airtime and internet cost			100,000
Research report writing and the first draft	Printing the first Draft	1	9,000	9,000
PRINTING DESERTATION BOOK	Books	3	20,000	20,000
TOTAL				784,000

26th 06 -

REF: APPRECIATION LETTER

SUB: RESEARCHER

MARYAM DAUD WARISAME

The above mentioned person is a Researcher who visit Nakivale Refugee settlement, Maryam, He is a Student University and her programme is to submit a research project.

However, Maryam she is from International Health Science University.

The community of Nakivale have seen her work and it was good enough.

The community of Nakivale Base Camp III we are highly appreciate the above persons work.





Office of the Dean, Institute of Health Policy & Management

Kampala, 12th June 201

TO WHOM IT MAY CONCERN

Dear Sir/ Madam,

Re: Assistance for Research

Greetings from International Health Sciences University.

This is to introduce to you **Maryan Daud Warsame, Reg. No. 2011-BSCPH-FT-015** who is a student of our University. As part of the requirements for the award of a Bachelors Degree in Public Health of our University, the student is required to carry out field research for the submission of a Research Project

Maryan would like to carry out research on issues related to: **Factors Influencing Khat Use among the Youth aged between 15-24 years in Nakivale refugees Camp in Western Uganda**

I therefore request you to render the student such assistance as may be necessary for her research

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student

Sincerely Yours,

INSTITUTE OF HEALTH
POLICY AND MANAGEMENT
IHSU

Prof. David Ndungutse Majwejwe
Dean, Institute of Health Policy & Management

MAKING A DIFFERENCE IN HEALTH CARE

International Health Sciences University
P.O. Box 7782 Kampala | Uganda | East Africa
Tel: (+256) 0312 307 400 | E-mail: info@ihesu.ac.ug | web: www.ihesu.ac.ug