



Health Effects of Khat Chewing

Key Message: Khat was a much localized plant growing in the eastern part of Ethiopia. However, due to many associated factors it is increasingly available throughout the country. As the result of increased availability and expansion public and consumers health concern is growing.

Introduction and Background

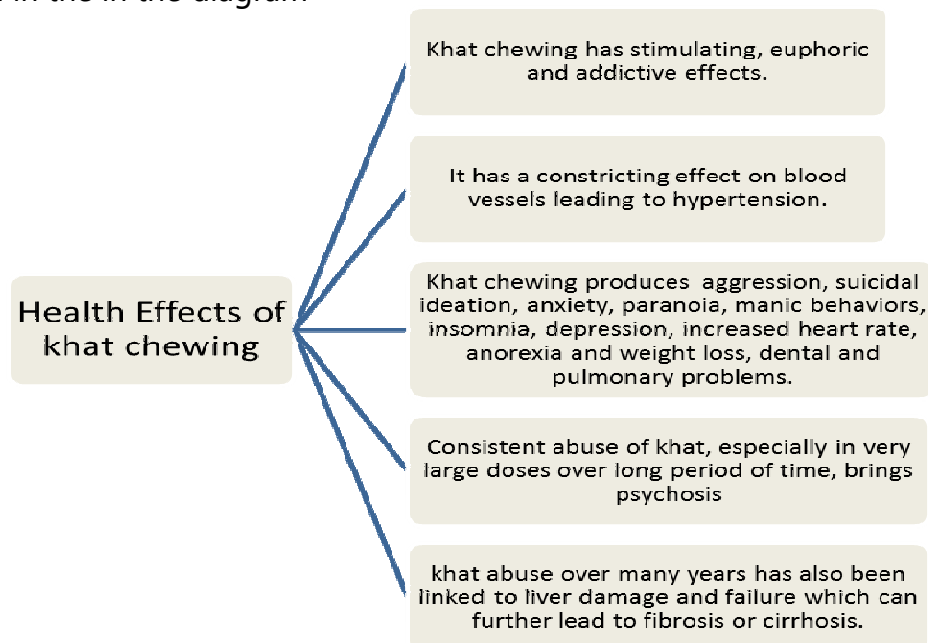
In the 60s and 70s it khat was cultivated in limited regions particularly in Harari region which is considered heartland of Khat.

However, currently its use is expanding fast from local to international and different population groups are being affected.

Key Findings:

A) Health Effects

Khat chewing has many effects on individuals' health status. Some of these effects are depicted in the in the diagram



B) Characteristics of Chewers

- The proportion of current khat chewers is highest among the young and the productive age group and lowest among the age group of 60-69 years.
- Khat chewing is also common among high school and university students, and consumption is higher in males than females.
- In the last 10 years, the percentage of women who chewed chat for 6 days or more in the past 30 days during the 2016 health and demographic survey was increased from 43% in 2011 to 65% in 2016. Among men, the proportion increased from 56% to 64%.
- Khat consumption found to increase with age and it peaks at age of 30 to 34 years among both women (15%) and men (34%).
- Its consumption is slightly higher in rural areas compared to urban areas. In rural areas 13% of women chew khat while only 9% are chewing in urban areas.
- Similarly, 27% of men in rural areas are chewing khat during the study compared to 25% of men in urban areas.
- Khat chewing varies across regions, ranging from 1% among women and 5% among men in Tigray to 32% among women and 74% among men in Harari region. Khat chewing also varies by education and wealth status.
- Among the regions Khat chewing is significantly higher in Afar, Dire Dawa, Harari and Somali regions.

Conclusion

Almost all sections of population groups are current or life time khat chewers particularly the young and productive age groups is using khat more than the other groups of population. However, in the general population the less educated and rural residents are more users of khat while in the educational environment students are the dominant groups of khat use.

Given that medical risks of khat use are modest, or studies are not conclusive, there should be a regulatory framework with the objective of protecting consumers and community health. This is best achieved by establishing processes for the quality control of khat and by regulating access and availability.

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