Khat Chewing and Health

Background

Khat leaves are chewed in communities originating from Yemen, Somalia and Ethiopia. A range of impacts are reported to be associated with frequent of khat chewing and cultivation of khat and these include the following:

- oral cancer.
- cardiovascular diseases that included systolic and diastolic blood pressure and acute cardiac infarction.
- low infant weight birth amongst pregnant women.
- loss of appetite and constipation.
- Psychological khat dependence and association of nicotine and khat chewing dependence
- as an initiator for tobacco smoking amongst episodic smokers and regular smokers. Also there is significant evidence to the increase in the amount of tobacco smoking during chewing khat.
- time spent chewing khat, dedicating a budget for khat chewing, indebtedness, low work performance and productivity amongst chewers and contribution of khat chewing to family instability
- Depletion of ground water for khat cultivation in original countries, unwise use of fertilizers and pesticides in khat cultivation and national food insecurity due to the replacement of the essential crops with khat, were reported as important environmental and economical impacts

Evidence based activity

(Kassim and Croucher, 2010) recruited a purposive sample of male khat chewers aged 18 years and above, selected during random visits to khat sellers. Data were collected through face to face structured interviews.

The study aims to: 1) identify characteristic of khat chewers and 2) to investigate how these characteristics are associated with self-rated ‘compromised’ health, self-reported oral problems, self-reported health conditions and self-reported ‘high’ nicotine dependence.

Main findings

Completed high level of education with the opportunity of employment and having social participation were found protective factors from heath impacts of khat chewing. Family social support was as well one of the protective factor identified.

Kassim & Croucher (03.2010)