The health risks of khat and influences it has on integration issues

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Abstract

Aim: The aim of the study was to explore Somalis men’s perceptions of using khat.

Methods: This thesis has a qualitative approach which is a method well suited when one strives to explore and describe an overall picture of a special circumstance. Key informant interviews were carried out in Stockholm and Västerås cities, using snowball sampling which is conducted when the researcher’s access to participants is limited and accesses through contact information or a social network that is provided by other informants.

Results: Khat is illegal in Sweden. Yet, findings of this study shows that in Sweden neighborhoods with growing Somali populations have significant number of khat users. Perceptions of these users vary from one user to another; some perceive that it is important to frame the khat in the community not as a drug problem but as a wider public health issue, while others argued that khat use has negative impact on integration issues in the new host country. Meanwhile, significant numbers of khat users view it as a social convention, promoting harmony and providing a forum for collective decision making. Generally, perception of users confirmed two major concerns; health issues and frequent familial discords attributed to usage of khat.
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1. Introduction

The khat plant (*Catha edulis Forsk*), is a flowering perennial green tree which is primarily found wild in many parts of Africa and the Arabian Peninsula for centuries. In Africa the khat tree is specifically grown from Cape to the mountains of north-east Africa and Madagascar. Whereas, in the Arabian Peninsula the leaves of *Catha edulis* Forsk is found in Yemen and regions of the Saudi-Arabia or in other words South-western Arabian Peninsula. It favours to grow within altitudes between 5000 and 8000 feet. Although when cultivated is kept at around 20 feet to allow for ease of harvesting, the tree grows to heights in excess of 50 feet. In terms of the taste, the khat-chewers often describe its taste as bitter. Although most consumers assert that higher quality khat has a sweeter taste, some consumers also like bitter taste as it quickly stimulates the mood of the chewer (Andersson & Carrier, 2009; Favrod-Coune & Broer, 2010).

Harvesting methods of the khat tree vary throughout the countries known for khat production: in Yemen, for instance, only the succulent larger leaves are chewed, in Kenya smaller leaves and the bark of stems are also harvested. In Ethiopia, smaller and larger leaves at the top part of the plant are chewed. Nevertheless, consumers of khat are highly well-informed about khat varieties, their seasonal availability, and fluctuations in price relating to both quality and supply (Andersson & Carrier, 2009; Favrod-Coune & Broers, 2010).

The Khat plant is known by a variety of names by the people of the regions where it is originated from. All these names describe *Catha edulis* Forsk, the khat tree. In Yemen and Somalia, the term ‘Qat’ or ‘Qaat and Jaad’ is widely known. In Ethiopia, the term ‘Chat or Jat’ is commonly recognized, while in Kenya it is known as ‘Miraa’ or ‘Murungi’. However, among these names the term khat is being the most popular name given to the plant and this appears mostly from the international market and studies conducted on this area (Apps, et al., 2011; Andersson & Carrier, 2009; Favrod-Coune & Broers, 2010).

The author of this thesis was born and brought up at the heart of the Horn of Africa, in the Ogaden region of Ethiopia; and (the author) was interested to write about khat and was pleased to have got this opportunity. Basically, this is because he had the feeling that khat consumption depletes the economies of his community, creates family discords and social disorder and more
importantly is responsible ill-health outcomes that individual users encounter always. On the other hand, the khat using communities at the countries in the Horn of Africa such as Kenya, Ethiopia, Djibouti and republic of Somalia are mainly Somalis. Thus, this thesis focuses largely on immigrants from the Horn of Africa particularly Somalis who consume khat leaves on daily basis or intermittent. The aim of the study this study is to explore Somalis men’s perceptions of using khat. I recognize that this is a complex situation and a simple thesis as this will have a limited influence on the present reality on the ground. Nevertheless, it is my hope that at least it will achieve its aim to shed light on some of the issues related to khat use and thereby contribute to the future research.

2. Background

2.1 Abbreviations

ACMD: Advisory Council on the Misuse of Drugs
ACS: Acute Coronary Syndrome
CND: Commission on Narcotics Drugs
CVDs: Cardiovascular Diseases
ECDD: Expert Committee on Drug Dependence
EMCDDA: European Monitoring Centre for Drugs and Drug Addiction
EU: European Union
HBT: Health Behaviour Theory
HIV: Human immunodeficiency Virus
GDP: Gross Domestic Products
NACADA: Kenyan National Agency for the Campaign Against Drug Abuse
SFI: Swedish for Foreign Immigrants
STD: Sexually Transmitted Disease
TPB: Theory of Planned Behaviour
UN: United Nations
UNODC: United Nations Office on Drugs and Crime
UK: United Kingdom
USA: United States of America
WHO: World Health Organization
2.2 General overview of khat

Khat (*Catha edulis* Forsk), a mild stimulant consumed by chewing, is a psychoactive shrub or plant chewed for its stimulating effects. It is a species belonging to the kingdom plantae family Celastraceae. Although home birth of khat tree is contested, many believe that it originated from Ethiopia (Lamina, 2010). Obviously, people in East Africa and the Arabian Peninsula chewed the leaves of the *Catha edulis* for their stimulant effects. Reports from experts of khat use in the hinterlands of the Horn of Africa argue that the consumption of khat goes back at least eight centuries. For instance, the leaves were chewed by the people lived in the medieval Islamic sultanates of the southern region in what is today known Ethiopia as early as the 14\textsuperscript{th} century (Apps, et al., 2011; Feyissa & Kelly, 2008; Feigin et al., 2011; Gebissa, 2010; Ong’ayo, 2007; WHO, 2006).

Culture of khat consumption in communities in the Horn of Africa and the Arabian Peninsula combines two main purposes; religious and culturally purposes (Ong’ayo, 2007). In Ethiopia, for example, chewing-khat is linked with agriculturally labour and is also historically easily associated with religious contemplation and meditation (Andersson & Carrier, 2009). In the past times, the use of khat was observed frequently among Ethiopian Muslims who consumed it for prayer and during the fasting period of the holy month of Ramadan (Apps, et al., 2011; Belew, et al., 2000). In other instances, there are groups of khat users who have been used khat not only for religious and culturally purposes, but for various reasons. Some of these groups aspire more on the psychological benefits of the group interaction that occurs during the khat sessions which is affirmed as one reason for its intake (Belew, et al., 2000). While, other individuals consume khat in preparation for battle grounds, a ceremonial activity including weddings and/or it is used as an appetite suppressant (Apps, et al., 2011). Accordingly, Ezekiel Gebissa, an associate professor of history at Kettering University in US who contributed much to khat research, has unveiled that the use of psychoactive substances in religious and healing rituals, in semi-ritual practices which reinforce social and political bonds and simply as recreational activity is a universal cultural practice (Gebissa, 2010; Apps, et al., 2011).

Khat use is widely found to be socially accepted habit in most of the countries geographically situated where the herbal drug is cultivated and chewed as a recreational and socializing drug.
(Ali, et al., 2010; Apps, et al., 2011; Manghi, et al., 2009; Al-Habori, 2005). Consequently, in countries such as Djibouti, Ethiopia, Kenya, Somalia and Yemen where khat consumption is widespread and has deep-rooted cultural traditions, it is most common to see that many houses have a special room in which is reserved for khat chewers where they gather each afternoon to consume the substance in a special setting (Belew, et al., 2000; Cox & Rampes, 2003; Favrod-Coune & Broers, 2010). However, the West’s perspective on khat consumption differs from that of traditional-use regions. On account of this, Neil Carrier (2007) in his book under the title ‘A strange drug in a strange land’ described khat as:

“Khat can now be regarded as a psychoactive plant taken out of its cultural environment, used in new settings, perceived as an object of abuse and targeted for elimination”
(Carrier, 2007).

Nevertheless, there is no consensus among the prominent researchers in the field of khat use whether it is to be treated as an object of abuse or be commercialized smoothly across the world (Gebissa, 2010). Some of these researchers have claimed that khat has yet to cross the line of becoming a new drug of abuse, but it has come to a crossroads of either following the course of the mild stimulants such as coffee, tea, and sugar that have now been successfully commercialized and globalized or of the highly refined products such as cocaine and heroin that are universally considered harmful and are under international control (Gebissa, 2010).

In Europe, a moral and political panic emerged in some circles concerning about khat use, misuse and how it may contribute to disability (Carrier, 2007; Bhui & Warfa, 2007). Because khat is reported to be an amphetamine-like substance and when used excessively it increases the risk of mental illness. Moreover, studies argue that the habit of khat consumption appears to have more of a social function akin to alcohol (Bhui & Warfa, 2007). As a result, khat use was regarded as unacceptable behaviour in countries situated outside the traditional environment of khat mostly in Western nations (Sykes et al., 2009). Besides, after the introduction of khat many of the western countries have responded to its debut with the same kind of reaction that they had shown to other psychotropic plants in the past centuries when the use of substance is reported inside their countries. This is because many drugs of abuse in the West and throughout the world
such as heroin and cocaine, the most abused drugs, were once plant products like khat used for religious, medicinal and ritualistic aims. In the hands of some irresponsible individuals and groups of people these substances turned-out not subject to cultural proscriptions but became objects of abuse (Gebissa, 2010).

Available evidence suggests that khat has followed the footpaths of immigrants from the traditional-use regions of the Horn of Africa and Arabian countries located in the Middle East to Western countries where khat consumption is not socially practiced habit. In addition, the present-day transport system of the world and the loosening of customs restrictions in various countries has played role and facilitated khat to be readily available in the Western countries where khat is chewed mainly by immigrants from khat growing regions causing a concern to Western policy-makers (Feyissa & Kelly, 2007). Further, khat use has not spread beyond immigrant communities spheres that hail from the Horn of Africa and the Middle East countries (Gebissa, 2010). Notwithstanding this, there is some evidence to suggest that khat may also be crossing the cultural divide with increasing use among native British students and among young people at different countries in Europe (Apps, et al., 2011).

2.3 The Health effects of khat use

Health is a wide concept which can embody a huge range of meanings. However, there are common sense views of health which are passed through generations as part of a common cultural heritage. These views are termed lay concepts of health, and everyone acquires knowledge of them through their socialization into society. Different societies or different groups within one society have different views on what constitutes their common sense about health (Naidoo & Wills, 2009). By the same token, the harms attributed to have caused by khat consumption is really contested both in the academic literature and in the perceptions of the individual users (Beckerleg, 2006; Osman & Söderbäck, 2011). Thus, to understand possible health effects attributed to have caused by khat consumption, a glance of khat ingredients or its main constituents is really essential to be noted.
Although WHO has argued that the environment and climate conditions determine the chemical profile of khat leaves (WHO, 2006), pharmacologists believe khat consists of three main ingredients namely alkaloids, norpseudoephedrine (cathine) and norephedrine. These three main ingredients of psychoactive drugs are phenylpropylamines which is used as a stimulant, decongestant, and anorectic agent (Al-Motarreb, et al., 2010; Balint, et al., 2009; Favrod-Coune & Broers, 2010). These chemical classes have closer structural similarity with amphetamine, a drug that stimulates central nerve system of human-beings and produces augmented wakefulness and focus in the user. Cathinone which causes the major pharmacological effects is the most vital active ingredients of *Catha edulis*. Furthermore, it has been reported that the effects of a portion of khat are very comparable to those of about 5 mg amphetamines (Bhui & Warfa, 2007; El-Wajeh & Thornhill, 2009; Dawit, et al., 2006; Ishraq & Santavy, 2004; Al-Habori, 2005). A portion of khat that has 5 mg amphetamine effects is about 100 to 200 g, and this portion is usually consumed in every session (Ali, et al., 2010).

The central nervous system stimulation is one of the effects that accounted for the popularity of khat. This is thought to be induced by cathinone, an active ingredient of khat leaves. Due to khat’s advanced lipid solubility which facilitates access into the central nervous system, cathinone has more rapid and intense action compared with cathine. Additionally, cathinone is the most abundant of the alkaloids in the fresh leaves of khat and is reported to be responsible for the pharmacological effects observed. Some of the effects desired by khat leaf chewers such as euphoria, alertness and anorexia as well as for undesirable effects including drug dependency, hypertension and tachycardia are considered to be responsible by cathinone (Hassan, et al., 2007; Al-Habori, 2005). Furthermore, study aimed to evaluate the prevalence and significance of khat chewing in patients with ACS, was associated with increased risk of stroke and death to khat chewing habit (Ali et al., 2010).

Findings of a literature review focused on the health effects of psycho-stimulants argue that khat use induces subjective and objective stimulant-like effects such as increased energy, mental alertness and self-esteem. Moreover, subjects under khat effects have been described to have an increased respiratory rate, body temperature, diastolic and systolic blood pressure and heart rate, blurred vision, an increased incidence of coronary vasospasm and myocardial infarction, as well
as mydriasis and dry mouth (Al-Habori, 2005; Apps, et al., 2011; Favrod-Coune & Broers, 2010; Toennes, et al., 2003). On the other hand, the mental health and well-being of khat consumers is concerned. When chewed excessively, khat increases the risk of mental illness (Bhui and Warfa, 2007). A critical review of khat use and mental illness has reported that none of the 12 quantititative studies investigated have claimed a direct causal relationship between khat consumption and psychiatric symptoms. However, four studies out of the 12 have shown moderate or severe mental health problems associated with khat use (Warfa, et al., 2007).

In 1946, preamble to the Constitution of the WHO has defined health as: "A state of complete physical, mental and social well-being, and not merely the absence of disease". The mental well-being component is included in the definition because mental health refers to a wide collection of activities directly or indirectly related to the mental comfort of the individual person. It is also related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders (WHO, 2011). For this purpose, the WHO has introduced a definition specifically, devoted to mental health which states as:

“Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2007).

Similarly, khat use effects are not only confined and felt at the mental health limits, but it has a significant effect on one’s dental health. From an oral health point of view, chewing of the khat leaves are alleged to increase the risk of periodontal disease, temporo-mandibular joint click and xerostomia (El-Wajeh & Thornhill, 2009). Dental complications of khat chewing are reported among chronic chewers especially when khat leaf is chewed together with sugar in order to make the bitter taste of the substance a sweet. For instance, in 2010 a 32-years old Somali origin man living in Nairobi, Kenya, was presented to Kenyan professor of psychiatry at University of Nairobi. According the doctor, the man has been chewing heavy several bundles of khat daily for 6 to 10 hours a day for more than 10 years. Usually, the man prefers to chew the khat leaves together with sugar. The relatives of the man noticed a three year deterioration of his mental state
characterized by apathy or complete lack of emotion, motivation and talking alone. This creates an impression that khat chewing causes dental pathology and possibly it induces psychosis (Ndetei, 2010).

Moreover, a study carried out in the Asir region of Saudi Arabia aimed to investigate the relationship between the habit of khat usage and oral cancer have linked that the long-term use of khat with increased oral malignancies. Of 28 cases of head and neck carcinomas examined in the study, 10 of whom presented with a history of having chewed khat, eight of them were presented with oral cancer (Soufī, Kameswaran & Malatani, 1991). Side effects that are thought to be related chewing of khat include creation of white lesion on oral mucosa in chewer’s mouth. In a group of 47 Yemenite Israeli men who had chewed khat more than three years, were compared to 55 Yemenite men who did not chew. White lesions were identified in 39 subjects of khat chewers of this particular study. These Findings indicate that an approximately threefold higher risk of developing non-homogenous white changes in khat chewers compared to non-chewers (Gorsky, et al., 2004). Further, research report on social harms associated with khat use which is conducted in the UK and comprised focus groups of members of Somali, Yemeni and Ethiopian communities, have claimed that the perceived impacts of khat use on physical health that is frequently reported in community focus groups included loss of teeth, gum disease and mouth problems (Sykes, et al., 2009).

Nonetheless, an update study investigated in khat chewing from pharmacological point of view depicted a consistently clear picture of its pharmacological and toxicological effects, particularly it was evidenced in rats a mutagenic effect of khat, consisting in chromosomomal aberrations and in the same species, embryotoxic and teratogenic effects were also pointed out in the study (Graziani, Milella & Nencini, 2008).

2.3.1 Adverse effects of khat consumption
Opponents of khat consumption claim that it damages health of the individual user and affects many aspects of life with its adverse social, economic and medical consequences. Conversely, supporters of the habit of chewing khat maintain contrary to this points of view arguing that khat is useful in diabetic patients because it lowers blood glucose, it acts as a remedy for asthma, it
eases symptoms of intestinal tract disorders and upholds social contact as a socializing herb (Hassan, Gunaid & Murray-Lyon, 2007). However, expert opinion holds that most of the adverse effects of khat may result from the fact that present-day ways of chewing khat has changed from the traditional way of consumption. The current ways of khat chewing is highly regulated towards longer periods of chewing, together with smoking and in extreme cases early morning use. In addition, the use of chemical pesticides on *Catha edulis* leaves intended to speed-up its harvest adds concern to these adverse effects and imposes health risks (Al-Habori, 2005).

Moreover, chronic use of khat has also been associated with the increased incidence of acute coronary vasospasm and myocardial infarction. The habit of chewing-khat was reported to be connected with acute myocardial infarction and was an independent dose-related risk factor for the development of myocardial infarction. According to a recent hospital-based case-control study, chewing of khat leaf was revealed to be significantly higher among the acute myocardial infarction case group. The study has demonstrated that heavy khat chewers have a 39-fold increased risk of developing acute myocardial infarction compared with none chewers (Al-Habori, 2005). Recently, the relation of severe liver injury to chewing of khat leaves by the people from East African countries in the UK was reported, claiming that the current data support that long-term chewing of khat leaves can produce repeated episodes of – probably immuno-allergic or idiosyncratic – hepatitis, and leads to fibrosis and cirrhosis. In addition, long-term consumers are with the complications of cirrhosis or with acute-on-chronic liver failure (Stuyt, et al., 2011).

On the other hand, a year old review of khat chewing published in 2010 has identified a broad range of adverse effects on CVDs, other internal medical problem including gastrointestinal tract and other peripheral systems (Al-Motarreb et al., 2010). More specifically, khat use is emerging as a threat to the cardiovascular system among the growing numbers of khat chewers in the UK who regularly indulge in its effects (Apps, et al., 2011). According to the WHO, CVDs are the number one cause of death globally and more people die annually from CVDs than from any other cause. For instance, an estimated 17.1 million people died for CVDs in 2004. These figures represent 29% of all global deaths. The WHO also argues that 82 % of CVD deaths take place low-and middle-income countries which are disproportionally affected. Thus, WHO thought that
there is a link between the burdens of CVDs with the ill-health consequences inherited from chewing of the khat plant and treats as part of the problem which aggravated the situation (WHO, 2011).

A community-based cross-sectional survey conducted to assess the attitudes and perceptions of an Ethiopian population towards the habit of khat-chewing and its possible association with risky sexual behaviour have related with the mild narcotic effects of khat are conducive to casual sex, and hence constitute an increased risk for contracting and spreading HIV infections. Furthermore, a significant shift towards casual sex practices was observed in response to the effects induced by the substance and a strong association was observed between khat-chewing, indulgence in alcohol and recourse to risky sexual behaviour (Dawit, et al., 2006). Nonetheless, experts on the field believe that the potential adverse effects of habitual use of *Catha edulis* leaf includes psychological and behavioural, cardiovascular, gastrointestinal tract, Genotoxic and carcinogenic, oxidative radical and reproductive effects (Al-Motarreb et al., 2010; Al-Habori, 2005).

### 2.4 Khat use in Somalia

Although Somalis have recently started to claim that khat as a vital part of Somalis culture, studies reveal in most parts of Somalia the habit of khat-chewing dates back decades rather than centuries (Beckerleg, 2010). Khat itself does not grow in Somali areas; therefore, most of the khat consumed by Somalis is imported from either neighbouring Ethiopia or Kenya. Importing khat leaves contributes greatly to the economies of these countries while depleting the incomes of Somali families (Abdullahi, 2001). Until now, khat is imported into Somalia on daily basis by neighbouring states and it has been blamed for fueling the war and chaos in Somalia (DFID, 2007). Yet, researchers say Somalia, a country with 8 million people and without effective central government for two decades, has the highest percentage of khat users in the world (Wax, 2006). Furthermore, the habit of chewing khat leaf is one of the favorite pastime activities in major towns and small villages throughout Somalia (Abdullahi, 2001).
In Somalia, khat-chewing became a widespread problem since the mid-1960s. Before 1960, khat use was found on a limited scale and was chewed only some specific places mainly at the northern areas of the country which lies close to the khat production area of Harerge region of Ethiopia. Initially, the habit of khat-chewing in Somalia was limited to a small number of people such as song artists, musicians, drivers and those who for professional reasons resorted to the stimulating effect of khat. Gradually, khat chewing became an omnipresent phenomenon, which, with the exception of children, involved people of all categories and ages (Elmi, Ahmed & Samatar, 1987; Beckerleg, 2010). The amount of stimulant in the leaves chewed by the people is not much so one would have to chew a large bundle of leaves before getting a high, *Mirqaan*, from it (Abdullahi, 2001).

Today the use of khat is turned out a national problem since most Somali urban men chew it (Abdullahi, 2001). In addition, Bhui and Warfa (2007) have argued that there is no exception of khat use in the present-day Somalia. Due to the fact that yet the very people who are likely to be recruited for warfare and are active in conflict zones in Somalia; specifically young men are exposed to khat use and violence, who will then have the most difficulty adjusting to a life free of violence. Moreover, the challenge facing Somalia and other conflict zones in general is that it is young people who are most vulnerable to developmental insults, which can lead to long-lasting and, in some instances, permanent mental health and physical health problems are involved in the habit of khat chewing (Bhuie & Warfa, 2007).

In terms of adverse social and economic consequences caused by khat consumption in Somalia, it is believed that khat has become a problem of grave national concern. In 1982, for instance, Somalia spent $US 57 million on direct khat imports, in spite of the economic difficulties that the country has encountered. The economic problems linked with khat-chewing include the spread of corruption, the theft of public and private property to support the habit, damage to people and to property caused by accidents that occur under the euphoric state induced by the use of the drug, and the loss of many working hours among civil servants and private employees (Elmi, Ahmed & Samatar, 1987). Khat entry into Somalia was banned in 1983 by the government of Mohamed Siad Barre. Unluckily, none of the various attempts to curb the use of khat in Somalia have produced little success (Abdullahi, 2001). On the other hand, in the social
sphere of Somalia, family disruption is a prominent problem, which includes frequent quarrels, breach of family ties, neglect of the education and care of children, waste of family resources, encouragement of prostitution, as well as encouragement of family members to become involved in khat-chewing habit (Elmi, Ahmed & Samatar, 1987).

For more than two decades, most parts of Somalia have not been under the control of any type of government. This “failure of state” is complete mainly in the central and southern regions of Somalia and most apparent in the capital, Mogadishu, which had been for a long period in the hands of warlords deploying their private militias in a battle for resources and for power struggle. Nevertheless, northern part of Somalia, a self-declared independent state from the rest of Somalia, has had relatively stable control under regional administrations, which are, however, not internationally recognized (Odenwald, et al., 2007). Further, findings of Odenwald et al (2007) have suggested that drug use, particularly khat consumption has quantitatively and qualitatively changed over the course of conflicts in southern Somalia, as current patterns are in contrast to traditional use. Some authors claim that in nation without a central government, like Somalia, educated women play dominant role as sellers of widely used narcotic plant of khat since it offers one of the few remaining job opportunities in the country's moribund economy. For instance, before Somalia’s central government collapsed in 1991, Maryan Ali was an elementary school teacher who spent her days giving students in fifth-grade geography and mathematics lessons. However, Maryan earns now a living dealing with khat (Wax, 2006).

2.5 Legal situation of khat use

Throughout the world, the legal status of khat tree and its use varies from one to country to another one. Khat is a subject to be reviewed by governments often acting on the advice of the WHO and the UNODC (Beckerleg, 2010). Meanwhile, the habit of khat chewing is spreading further throughout the world and it is also emerging as an international issue. On the other hand, elsewhere in the world, particularly in Western countries where it is on sale, the regulation of khat remains hotly contested within different producer and consumer countries. (Kelin et al., 2009; Odenwald, et al., 2010). Controversy around khat is probably as old as use itself. For
instance, it has been condemned both by the Islamic schools of thought and the Orthodox Church in Ethiopia. On the contrary, Islamic Scholars in Somalia, Yemen and Ethiopia have integrated khat use into religious life, including the study of the Holy Koran or to enhance religious experience as practiced by Sufi mystics (Editorial/Journal of Ethnopharmacology, 2009).

Nonetheless, the consumption of khat has begun to cause concern at a global level and the international agencies concerned with drug control have been debating what to do next (Anderson, et al., 2008). Usually, decisions on the level of control of a drug are taken when three domains are considered: “the physical harm to the individual user, the tendency of the drug to cause dependence; and the effect of drug use on families, communities, and society” (Nutt, et al., 2007). On the other hand, the two UN treaties namely the Single Convention on Narcotic Drugs of 1961 and the Convention on Psychotropic Substances of 1971, is the starting point for controlled psychoactive substances. These two conventions listed nearly 250 substances to be controlled by all signatory bodies under their national drug legislation. For example, the WHO and US slot all controlled drugs into Schedules I-IV according to risk of the drug and medical benefit. However, other systems used by some of the national governments seek to distinguish between ‘hard’ and ‘soft’ drugs as in the Netherlands or between classes A, B and C drugs as in the UK (Griffiths, et al., 2010).

Historically, khat was first brought to the attention of the League of Nations, the then UN’s role actor, in the early 1930s by a British colonial representative in Africa reporting on immoderate consumption in Britain's East African possessions (Klein & Metaal, 2010). The League of Nations Advisory Committee on the Traffic in Opium and Other Dangerous Drugs has discussed on the subject in 1933, but no action was proposed to be taken. In 1962 by the request of the UN’s CND, the ECDD reported in its 12th report that clarification on the chemical and pharmacological identification of the active principle of khat was needed. Again, in 1971 CND has recommended WHO to review khat and at the same time it requested that the UN Narcotics Laboratory should undertake research on the chemistry of khat and its components. In 1978, a group of experts financed by the UN Fund for Drug Abuse Control convened to consider the botany and chemistry of khat (WHO, 2006).
In 1980, the WHO has classified khat as a drug of abuse that can produce mild to moderate psychological dependence (Bruce-Chwat, 2010). In 1983, the first international conference on khat took place in Madagascar. All of these above mentioned efforts have resulted in the 2002 ECDD to pre-review khat and conclude that there was sufficient information on khat to justify a critical review (WHO, 2006). In 2009 at Linköping in Sweden, a milestone conference took place paving the way in the study of khat in particular and in the study of mind-altering substances in general. This conference brought together more than sixty international researchers from various fields; it can be called something like the first attempt to find an interdisciplinary khat research field (Editorial/Journal of Ethnopharmacology, 2009).

Khat leaves contain the stimulant cathinone which is under Schedule I drug as defined by the international classification of drugs under the International Convention on Psychotropic Drugs of 1971. In its purist form, cathinone’s potential for dependence is even higher than amphetamines (Odenwald, et al., 2010). Some authors have argued that in the khat leaves, the more harmful component of cathinone degrades within 48hr following harvest and leaves behind less harmful substances. However, with moderate use of khat, these leaves have not been shown to have serious or dangerous side effects in healthy users (Odenwald, et al., 2010). The synthesized forms of the active ingredients of khat, cathine and cathinone, are under Schedule III of the UN Convention of Psychotropic Substances. Notwithstanding this, the plant of khat is not controlled at UN level. This is because in 2006 the ECDD has unveiled that the leaves of khat do not fall under the international classification system since the level of abuse and threat it poses to public health is not significant enough to warrant international control (ECDD, 2006).

Nonetheless, a number of countries have prohibited khat use in their territory, while it is still legal in key producers states and some of the most important export markets (Klein et al., 2009). Although it is not controlled at UN level, countries have the right to still opt to control the khat substances under their national legislations (Griffiths, et al., 2010). Therefore, khat is legal in UK and the Netherlands, but in the USA, Canada, Australia, New Zealand, and thirteen EU member states and Norway the substance is controlled and illegal (Griffiths, et al., 2010; Bruce-Chwat, 2010). In Africa and the Arabian Peninsula, khat has mixed regulatory status; it is legal in
Ethiopia, Djibouti, Kenya, Yemen and Uganda, but illegal in Saudi Arabia, Tanzania and Eritrea (Fitzgerald, 2009). On the whole, a number of national experts based in the EU, when questioned about the legal situation of khat, stated that the khat plant itself was effectively under control in their country by virtue of its active ingredients. While some others have argued that it may depend on various legal definitions, such as ‘preparations’ or ‘mixtures’ (Griffiths, et al., 2010).

2.6 Prevalence of khat by immigrant communities in Europe

There are a few published studies of khat use by immigrant communities in European countries (ACMD, 2005). Most of these studies have been conducted in the UK, and it is unclear to what extent their findings can be assumed to reflect patterns of use of khat elsewhere in Europe. However, across Europe the consumption of khat is low and limited to countries with immigrant communities either from East Africa, particularly countries located at the heart of the Horn of Africa including Djibouti, Ethiopia, Somalia and Kenya or far in the Arabian Peninsula, Yemen, and regions of Saudi-Arabia. Although the shortage of data on the use of khat and the patterns of use of khat in Europe does not allow one to describe prevalence of khat in the EU, seizures of the plant are increasingly reported in the EU. Thus, data on seizures provide an insight on the situation, though these may be difficult to interpret. The most recent estimates suggest that Europe accounts for about 40% of the khat seized worldwide (Griffiths, et al., 2010). However, in a recent study of khat use prevalence published by EMCDDA contradicts the previous European estimates on the ground. EMCDDA states in the report that European studies do not provide a robust basis for estimating prevalence rates of khat, but estimates can provide insight into patterns of use. Typically, studies report relatively high levels of current use which is 34–67 % with up to 10 % daily users in Europe (EMCDDA, 2011).

Nonetheless, EMCDDA argues that available studies do point to significant levels of khat use within some migrant communities who resides in different EU Member States and none member states such as Norway and Switzerland, especially more use of the khat plant among male immigrants is reported, generally in group settings (EMCDDA, 2008; Griffiths et al., 2010). In contrast, there may be a tendency to under-report khat use among women, which is a more
stigmatized behaviour and more likely to occur at home or alone (ACMD, 2005; Buffin et al., 2009).

In 1990, khat use was estimated at about 5 million portions ever day worldwide (Brenneisen et al., 1990). Findings of a study conducted two decades later in the Netherlands estimated that 10 million people per day chew khat worldwide (Pennings et al., 2008). In contrast, EMCDDA claimed that exact numbers of regular khat user on a worldwide scale do not exist, however, it estimates range up to 20 million (EMCDDA, 2011). These phenomena show a significant increase of the habit of khat-chewing not only in underdeveloped countries known for khat cultivation, but also in highly developed nations imported for commercial purposes. Nowadays, khat has crossed the international boundaries without respecting laws of the some of the settings that ban its use in their territory. For instance, in Europe, khat use is seen amongst immigrants from Ethiopia, Somalia and Yemen, no matter how the law deals with their habit (Pennings et al., 2008; Stefan & Mathew, 2005).

On one hand, it seems that the number of khat users to be growing in Europe, on the other one yet the scale and nature of the problem is poorly understood for scientific community (ECMDDA, 2011). Nonetheless, studies claimed that there are two distinct groups of khat users in this continent (Griffiths et al., 2010). First, among some young Europeans there is a growing interest in herbal and uncontrolled psychoactive substances. Second group of khat chewers in Europe are immigrants from countries in which khat use is common, mainly Somalis, Yemen and Ethiopian immigrants (Griffiths, et al., 2010). Study assessed the availability of psychoactive substances on the internet conducted by the EMCDDA has found that both khat and a range of synthetic cathinones are available to European consumers (Griffiths, et al., 2010).

In Sweden, there are two main entry points of khat, London and Amsterdam, through Germany and Denmark to Skåne and by air cargo and couriers at Stockholm Arlanda and Gothenburg Landvetter airports (EMCDDA, 2011; Omar & Besseling, 2008). Although the Swedish Customs Authority (Tullverket) puts it at between 150 to 300 tonnes annually, the country lacks exact data on how much khat is being smuggled into Sweden (Khan, 2008). However, EMCDDA states that khat seizures have nearly doubled in the last five years in Sweden. For example, 11 tonnes of
khat was captured in Sweden in 2008 alone (EMCDDA, 2011). Nevertheless, the prevalence of khat use among Somali communities in Sweden is estimated 2000-3000 users, and the scale of use outside migrant communities is extremely limited (EMCDDA, 2011; WHO, 2006).

In Sweden, khat sales mirror other drug trades, claims EMCDDA. It takes place on the margins of public spaces such as car parks. In the winter, private homes are rented out for chewing sessions, whereas public parks are used in the sunny days (EMCDDA, 2011).

2.7 Influences of khat on integration issues of immigrants to European states

The ECDD of WHO and the UK’s ACMD have recognized that khat use is becoming an increasingly more significant problem in the UK, particularly with problematic use occurring in the UK within the Somali, Ethiopian and Yemeni communities, where khat is used by men and women, across a wide-range of age groups and social classes. These groups of khat chewers typically have high levels of male unemployment, poverty and low educational standards (El-Wajeh & Thornhill, 2009).

Perceptions of the harms linked with khat chewing and integration issues attributed for khat include harm to: physical and mental health; work and finances; and relationships, marriage and family life. Some respondents of a research carried out in 2010 regarded khat as a barrier to community integration and progress in the wider UK society. In terms of negative impacts associated with khat, researchers believe that harms were seen to arise from the manner, context and social settings in which khat tends to be distributed and consumed in addition to arising from the khat itself (Sykes, et al., 2010). Moreover, khat use has become a major contributory factor in the breakdown of Somalis families in four English cities. Specifically, the time and money spent on the activity was cited as a source of contention between spouses. Further, other social implications of using khat included tension between siblings, and observing other peoples’ problems with keeping jobs and remaining in education (Patel, et al., 2008).

In terms of negative socio-economic aspects alleged to khat, social studies have linked khat consumption to lethargy and de-motivation. Informative example is what Gebissa points out:
“In the case of khat’s alleged negative socioeconomic consequence, the rather popular argument is that which depicts chewers as lethargic individuals who spend most of their days masticating on the leaves. The implication of such an assessment is that their jobs often suffer from neglect. The sight of bartcha, the afternoon chew session, inevitably impresses upon observers, including some scholars, that khat is a cause for tardiness to work, absenteeism, and declining productivity” (Beckerleg, 2010).

A study carried out in the Netherlands has reported that one of the reasons for chewing khat among Somali immigrants in this country is to ‘kill time’ (Dupont et al., 2005). Similarly, a widely held perception is that the use of khat causes social problems. It is perceived as taking so much of one’s time that one therefore could not work and would then lose one’s job (Osman & Söderbäck, 2011). In terms of the new host country that the individual khat user reside, researchers in the UK have demonstrated that excessive use of khat may be related to life being stressful in a new environment that presents a different social and cultural context (Nabuzoka & Badhadhe, 2000).

More specifically, in 2010 the Swedish government has announced a tougher action to the threat posed by the use of khat leaves on the state of public health. Integration minister, Nyambo Sabuni, has said that the fight against khat must be intensified by Swedish law enforcement authorities. Moreover, Minister Nyambo has demonstrated his personal concerns about khat. Claiming that;

“Khat abuse causes a lot of suffering. It leads to unemployment and counters the integration of many Swedish-Somalis into Swedish society” (Simpson, 2010).

Contrary to a tougher actions announced by the Swedish government, a report published in 2008 by the local newspaper has shown that the use of khat is widespread in western Stockholm suburb of Tensta. Furthermore, the report revealed that though khat is outlawed in Sweden in 1989 that the prohibition is not firmly reinforced. The report said that police turns a blind eye to the drug which can be found and sold openly in areas where immigrants from the Horn of Africa
live such at Rinkeby in Stockholm (Simpson, 2010). As one of the police officers in Tensta-Rinkeby appears to confirm, national politicians themselves give low significance to issues posed by use of khat. The police officer has stated the following statement in an interview conducted by the local newspaper English in Sweden:

“The customs plug away on their watch, but within the police and among national politicians no one cares. The problem is within a small ethnic group which lives outside of mainstream society, and as long as abuse does not spread to your average Swede then those in power are obviously not interested” (Simpson, 2010).

However, Swedish official disagree accusation of racism, but agreed on that if the situation uncovered by the newspaper was true, it was “unacceptable” and that much more can be done (Simpson, 2010). It has been argued that every third Somali man in the welfare state of Sweden chews khat. Some experts think that Swedish Somalis chew khat partly to escape the effects of the social segregation they are experiencing in Sweden (Khan, 2008). In terms of the socio-economic effects of the substance are tangible in Sweden, according to some experts the high level of joblessness amongst Somali men can be explained by abuse of khat. Thus, Somali activists in Sweden are doing all their best to convince the Swedish justice system that khat poses a very real danger to society. These members of activists claim that prolonged consumption of the drug leaves people with no will to work or participate in social life (Khan, 2008).

2.8 The theoretical framework

Health Behavior Theory which provides a systematic way of trying to understanding why people do the things they do and how their environment provides the context for their behaviour was used as a theoretical framework which guides this study. Health behaviour theories propose a variety of levels including the individual, interpersonal, group, organizational and community levels. Further, theories vary in their focus on individual as compared to environmental determinants of behavior and cognitive as compared to affective determinants. The primary focus of HBT has been at the individual level (Noar & Zimmerman, 2005). Among many health behaviour theories that drawn upon different disciplines, the most suitable theory for this study is
thought to be the TPB which focuses on theoretical constructs concerned with individual motivational factors as determinants of the likelihood of performing a specific behaviour (Montaño & Kasprzyk, 2008).

According TPB, behavioural intention is the best predictor of a behaviour, which in turn is determined by attitude toward the behaviour and social normative perceptions regarding it (Montaño Kasprzyk, 2008). Moreover, the TPB focus is on the constructs of attitude, subjective norm and perceived control. This explains to a large proportion of the variance in behavioural intention and predicts a number of different behaviours, including health behaviours (Montaño Kasprzyk, 2008). With regard to this, TPB has been used successfully to predict and explain a wide range of health behaviours and intentions. The behaviours that are used to predict and explain include smoking, drinking, exercise, health services utilization, and HIV/STD-prevention behaviours. Specifically, TPB have been used successfully to predict and explain substance use related perceptions (Albarracin et al., 1997; Albarracin et al., 2001).

The strength of TPB is that it provides a framework to discern those reasons and to decipher individuals’ actions by identifying, measuring, and combining beliefs relevant to individuals or groups, allowing us to understand their own reasons that motivate the behaviour of interest or in question, in this case khat use. In contrast, the weakness of TPB is that it does not specify particular beliefs about behavioural outcomes and normative referents, or control beliefs that should be measured (Montaño Kasprzyk, 2008).

3. Aim and Research Questions
The aim of this study was to explore Somalis men’s perceptions of using khat.

The research questions include:

1. What are the perceptions of individual users of khat towards their health?
2. How does the use of khat affect personal integration issues into Swedish society or the new host country?
4. Methods

4.1 Research approach

This thesis has a qualitative approach. Qualitative research is a method well suited when one strives to explore and describe an overall picture of a special circumstance. It is a research which allows one-on-one in-depth interviews and it is more open-ended than quantitative research (Creswell, 2009; Bryman, 2008). Qualitative research allows participant observation approach of data collection in which the researcher is immersed in a social setting for some time in order to observe and listen with a view to gaining an appreciation of the culture of a social group (Bryman, 2008). Similarly, qualitative research projects are undertaken to describe the context of a phenomenon and the activities that are of interest but also to find out new concepts, hypotheses and theories (Dahlgren, Emmelin & Winkvist, 2004). Generally, Qualitative studies involve a small number of people contributing a large amount of data so as to discover their social world, the fundamental meanings of their behaviours, their culture and their quality of life (Feigin et al., 2011).

This approach is often employed in investigative studies when little is known about the issue being explored. The aim is to provide a thorough description of a particular situation and to develop a way of understanding that the behaviours of the individuals being studied at a particular time. In qualitative research focus groups are useful for discovering what different clusters of people believe and are often used to elicit people’s attitudes towards an issue. Additionally, one-on-one interviews are a valuable tool for follow up as they allow for more detailed discussions of specific subjects (Feigin, et al., 2011). The aim of qualitative studies is to discover the subjective realities of the informants in a specific context, not to reveal the objective truth of all human beings (Dahlgren, Emmelin & Winkvist, 2004).

To perform good qualitative research it is essential that the researcher has an open mind, ability to flexibly adjust to the unknown people and awareness of his or her pre-understanding. Only the researcher can cope with the situation of changing demands, by being responsive, flexible, and adaptive and above all a good listener. Therefore, the field student must be involved in every step of the research process from initiating the process through data collection and analysis to report
writing. The personality of the researcher is imperative as well as the experiences of the research process (Dahlgren, Emmelin & Winkvist, 2004). On the other hand, in qualitative studies knowledge is generated in interaction between people. The field student who conducts the research and the study participants are part of an interaction. These people are interrelated and inseparable. This means that the author and the informants will have mutual influences on each other. This is not considered as a problem or weakness point, but it is accepted as a part of reality that has to be taken into account, discovered and learned from (Dahlgren, Emmelin & Winkvist 2004).

In terms of inclusion and exclusion criteria, the inclusion criteria for the study were mainly based on two dimensions; first, the study determined to include ten Somalis man of khat users who used the substance both in their country of origin and within the new host country. Second inclusion criteria were to specifically get Somalis immigrants from any country among the states where Somali origin people live in such as Somalia, Ethiopia and Kenya. In contrast, the exclusion criteria used in this study were not to include individual khat users other than Somali speaking people from countries mentioned here above. Based on the inclusion and exclusion criteria, over the course of the study contacts was made with the individual participated in this study mainly Somalis men who frequently consume the khat plant. Generally speaking, each study has specific rules which govern who can or cannot participate in the study. This is known as inclusion and exclusion criteria. In order to be in the study one must qualify to the inclusion and exclusion criteria. These criteria are developed to make sure that the study provides a high level of safety for all members on one hand and to assure the study can provide accurate results on the other one (Loma Linda University, 2009).

4.2 Access to the khat chewers

The selection process for participants of this study was based on voluntary. Information was gathered about khat users who live closer to where the study was supposed to take place, at Västerås in Sweden. Although it was sensitive and hard to find reliable information about khat users, the study considered to take measures to convince external people, fellow friends and individual users themselves. The author has inquired from his fellow friends in Västerås whether
they knew Somalis who are khat users and living in the city of Västerås. The fellow friend helped find-out khat chewers in both Västerås and Stockholm. In this case, snowball type of qualitative research was used. Snowball which is also known as chain referral sampling is considered a type of purposive sampling. In addition, snowball sampling is conducted when the researcher’s access to participants is limited and accesses through contact information or a social network that is provided by other informants. It is thought that these social networks who could potentially contribute to the study are not easily accessible to researchers (Noy, 2008; Family Health International, n.d). In contrast, it is said that the study’s research purposes and the characteristics of the study population such as size and diversity determine which and how many people to select, in qualitative research, only a sample of a population is selected for any given study (Family Health International, n.d).

Initially, the idea of the study was to get both male and female khat consumers in order to keep offset of the participants. In general, access to khat chewers living in Sweden is really severely limited and in particular female khat users is hard to find them. This is partly because the khat plant itself and its use has been classified and treated as an illegal drug in Sweden since 1989. It is therefore smuggled into the country, but the quantity of khat arriving in Sweden has increased over the last decade (Osman & Söderbäck, 2011).

Although facts on the ground is challenging, the author tried to get khat chewers from Somalia because he himself is ethnically Somali man. A group of people which consisted of 35 members was contacted and it was eventually succeeded to convince ten persons out of the 35 members contacted. Care was given for volunteers in order not to confront them over the course of the study as the topic in question is classified an illegal substance in Sweden. Although all of the participants have suspicion on inquiries about khat, the strategy used to avoid problems was to give clear information for participants about the scope and methods that is used in the present study. Moreover, mutual trust between the author and voluntary participants was particularly important to make sure the purpose of the study and its success.
4.3 Participants of the study and data collection

The study population consisted of ten participants who have history of khat use. The age of the respondents was between 22-35 years. Two of them had no formal education. The rest had formal education ranging from primary and secondary school to university level. The majority were young and not married. Most male khat chewers interviewed in this study were not engaged in occupation, but attended school offering for SFI at the localities in Sweden where they live in. Moreover, those who attend SFI in order to learn Swedish language give low significance to be able speak the language fluently.

In the table below, it is shown the participant’s country of birth, age, sex, and educational level and employment status. In addition, how many years they were using khat, place of living in Sweden and how long they have been to this country is also included in the table.
Table I: Participants of the study:

<table>
<thead>
<tr>
<th>Number</th>
<th>Country of birth</th>
<th>Age</th>
<th>Sex</th>
<th>Education level</th>
<th>Employment situation</th>
<th>Yrs in Sweden</th>
<th>Yrs using khat</th>
<th>Place of living</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Somalia</td>
<td>35</td>
<td>Man</td>
<td>Primary school</td>
<td>unemployed</td>
<td>5yrs</td>
<td>17yrs</td>
<td>Västerås</td>
</tr>
<tr>
<td>2</td>
<td>Somalia</td>
<td>33</td>
<td>Man</td>
<td>Primary school</td>
<td>unemployed</td>
<td>7yrs</td>
<td>12yrs</td>
<td>Västerås</td>
</tr>
<tr>
<td>3</td>
<td>Somalia</td>
<td>30</td>
<td>Man</td>
<td>No formal education</td>
<td>unemployed</td>
<td>4yrs</td>
<td>10yrs</td>
<td>Västerås</td>
</tr>
<tr>
<td>4</td>
<td>Somalia</td>
<td>25</td>
<td>Man</td>
<td>No formal education</td>
<td>unemployed</td>
<td>3yrs</td>
<td>4yrs</td>
<td>Västerås</td>
</tr>
<tr>
<td>5</td>
<td>Somalia</td>
<td>23</td>
<td>Man</td>
<td>University student</td>
<td>unemployed</td>
<td>8yrs</td>
<td>2yrs</td>
<td>Västerås</td>
</tr>
<tr>
<td>6</td>
<td>Somalia</td>
<td>28</td>
<td>Man</td>
<td>Primary school</td>
<td>unemployed</td>
<td>5yrs</td>
<td>11yrs</td>
<td>Stockholm</td>
</tr>
<tr>
<td>7</td>
<td>Somalia</td>
<td>29</td>
<td>Man</td>
<td>Secondary school</td>
<td>unemployed</td>
<td>4yrs</td>
<td>9yrs</td>
<td>Stockholm</td>
</tr>
<tr>
<td>8</td>
<td>Somalia</td>
<td>29</td>
<td>Man</td>
<td>Secondary school</td>
<td>unemployed</td>
<td>5yrs</td>
<td>11yrs</td>
<td>Stockholm</td>
</tr>
<tr>
<td>9</td>
<td>Somalia</td>
<td>27</td>
<td>Man</td>
<td>Primary school</td>
<td>Employed (part-time)</td>
<td>7yrs</td>
<td>14yrs</td>
<td>Stockholm</td>
</tr>
<tr>
<td>10</td>
<td>Somalia</td>
<td>31</td>
<td>Man</td>
<td>Primary school</td>
<td>unemployed</td>
<td>6yrs</td>
<td>12yrs</td>
<td>Stockholm</td>
</tr>
</tbody>
</table>

4.3.1 Data Collection

In order to understand very well the topic in question a scheme of data collection plan was developed. A frequent visit was paid to both Mälardalen’s University library databases and that of Maastricht University in the Netherlands, where the student have got an access to it. The plan worked out and many scientific articles concerning about the khat use was found. To narrow down articles found, a research strategy which was based on breaking down the main topic of this study into key words was used in order to be accurate as much as possible. Thus, a valuable articles published by various databases was found and this facilitated the process of drawing introduction and background of this study.
For this study ten interviews were carried out from two different cities, Västerås and Stockholm, on the same level. Plans of how the interviews sessions will be managed were suggested by the author and the ten participants have agreed on it. Five of the interviews were taken in Västerås. These five interviews that took place in Västerås one of them was administered on online by Skyping as the interviewee preferred this way. About the remaining four interviews in Västerås, one was held in a separate place somewhere in the city of Västerås and the other three interviews were held at the same apartment by the help of a Somali student. Although the three respondents were managed their interviews at the same apartment, they were not allowed listening on each other. The Somali student who is studying at Mälardalen University organized this session. Due to the fact that the student himself chews khat occasionally and he has friends of khat users, the author requested him to participate the interviews and he agreed on this request and worked with the author only in one of the sessions that took place in Västerås. On the other hand, the remaining five interviews of the study were carried out in Stockholm in separate occasions by the author of the current study alone. To summarize, all of the interviews were held in Somali language.

The interviews were tape-recorded, except at nine and ten interviews as the informants did not allow the interviewer to tape-record, instead notes were taken during the interview and in this case some information might therefore have been lost or misinterpreted. The informants were allowed to speak their mother tongue, the Somali language, as the interviewer himself is an ethnically Somali origin man. No matter how fluent they speak on another foreign language, it was only allowed to speak Somali language. Times for the interviews were between 9 and 40 minutes. The author who carries out the interviews also took reflexive notes of his impressions and thoughts throughout the research process. These notes were utilized in the data collection plan as well as in the analysis stage (Dahlgren, Emmelin & Winkvist, 2004). Finally, conducting the interviews the author felt well, whereas the participants performed in a pleasant atmosphere.
4.4 Developing the interview guide

An interview guide was developed, which was revised two times. This was a qualitative research interview guide. The qualitative research interview attempts to comprehend the world from the subjects’ perspective point of view, to unfold the meaning of peoples’ experiences and to reveal their lived world prior to scientific explanations. Further, the qualitative research is a construction site of knowledge (Kvale, 1996). The two main types of qualitative research are the unstructured interview and the semi-structured interview. In a semi-structured interview, the researcher has a list of questions prepared beforehand or fairly specific topics to be covered, interview guide, but the interviewee has a great deal of leeway in how to reply. Additionally, questions may not follow exactly in the way outlined or chronological order. Questions that are not included in the guide that was prepared in advance may be asked as the interviewer picks up on points said by interviewees (Bryman, 2008).

In the interview guide of this study, it was decided to use a semi-structured interview method. Because semi-structured interview allow for focused conversational and two-way communications on one hand, and semi-structured interviews is that they have a flexible and fluid structure, unlike structured interviews on the other one (Lewis-Beck, et al., 2011). A set of questions organized into two themes approved by the supervisor before the start of sessions were prepared earlier. These questions were asked individuals who identified themselves as recent users of khat based on two themes, culture of khat consumption and harms associated with khat use. Questions were how and when they purchased their khat, the preferred type of khat and reasons for this preference. The study gave priority to know more about health effects associated with khat use and influences it has integration issues. The interviewer is as a miner metaphor where the interviewer digs nuggets of data or meanings out of subject’s pure experiences, unpolluted by any leading questions. In this case, knowledge is understood as buried Meta and the interviewer is a miner who unearths the valuable metal (Kvale, 1996).
4.5 Data analysis

The data was analysed using the qualitative content analysis based on the study conducted by Granheim and Lundman (2004). The interviews were transcribed as close in time to the interview as possible. Texts of the interviews were read through several times to be recognizable with the data and to develop the sense of the whole. Eight of the interviews were tape-recorded and resulted in 45 A4 pages of text written in a Somali language. About the nine and ten interviews, notes were taken and later on typed. These two interviews were resulted in 20 pages of Somali language text. In total there were 65 A4 pages transcribed text in Somali language. On the other hand, by the help of one Somali man who is in Stockholm the Somali language was translated into English. Although this man was not professional translator on English language, he writes well structured articles in English language on different matters but mainly political issues in the Horn of Africa. In fact literal translation of the interviews was not possible, but contextual meanings of the sentences were carefully considered. As the author is not professionally trained translator therefore in this case it is possible that some of the information might have lost or misinterpreted during translation process.

Furthermore, to analyze the collected data efficiently a content analysis was used. Krippendorff (2004) has described content analysis as a “research technique for making replicable and valid interferences from text (or other meaningful matter) to the contexts of their use”. Content analysis is a method of analyzing written and verbal or visual communication messages. It is mostly used in psychiatry, gerontological and public health studies (Elo & Kyngas, 2007). Additionally, content analysis is a research method of systematic and objective means of describing and quantifying phenomena. It also allows the researcher to test theoretical issues to improve accepting of the data. Moreover, content analysis has two approaches of analyzing data, inductive and deductive. In this study a deductive content analysis approach is used. This is done because deductive is useful when the researcher wishes to retest existing data in a new context (Elo & Kyngas, 2007). In line with the themes, the interviews were analyzed one by one. Based on differences and similarities of information acquired from the participants, it was sorted into meaning units, codes, categories and themes. An example of how the data were analyzed is shown under appendix II.
4.6 Ethical considerations discussion

When conducting research there are several ethical aspects that the researcher needs to abide by and have them in mind. The WHO states that all research involving human participants must be conducted in a manner that respects the dignity, safety and rights of the research participants and that recognizes the responsibilities of researchers (WHO, n.d.). In Social Science and Humanities research, four major general principles are very important in every research projects to account for; voluntary participation, informed consent, confidentiality and demand of use and rights (Trochim, 2006). All of the interviews were taken by the person who carried out this study and therefore each respondent was informed by the same person about the study and that it was voluntary to participate before the interview was conducted. All the informants provided verbal consent. The participants were highly reluctant to provide written consent instead they preferred to offer oral consent. On the other hand, all of the informants were convinced that the information given during the interview was handled according the principle of confidentiality.

Apart from the help that the author had received from his supervisor at Mälardalen University, two Somali men were also involved in this study to assist, a Somali student studying at Mälardalen University and a man who is in Stockholm. The role of the student was to organize one of the interview sessions that took place in the city of Västerås. This is because the student himself was khat user and he has got friends involved in the same habit (chewing of khat). About the man who lives in Stockholm, he was involved in the study only the interviews translation process as all of the interviews were taken into Somali language and needed to translate them into English. This Somali man is not professional translator; however, he is a regular contributor for Somali websites based in different localities. The man writes English articles about situations of the Horn of Africa. To keep confidentiality neither the student nor the man had access to the crude data collected from the participants of this study. In terms of how these two individuals came in to the study, the author and the two men came from Ogaden region of Ethiopia and he (author) knew them before the study was conducted.

The collected data were kept at the Personal Computer of the author where no one else, including the two Somalis men, was allowed to have access on it. To keep confidentiality, numbers has
been used to distinguish when quotation is needed. In the transcription stage real names was changed into unknown names in order to hide identities of the participants. This is done to meet requests of the participants who did want to see their real names published or uncovered. Moreover, all of the participants were assured that collected material will only be used for one purpose and that is a master paper in Public Health Sciences at Mälardalen University. The supervisor of this present thesis had approved both the research proposal and the interview guide. Although Somalis are highly sensitive in their contact with the government authorities (Nabuzoka & Badhadhe, 2000), contacts that was made to reach participants of the study worked out efficiently. Thus, it was particularly important to build trust when trying to gain contact with the Somalis living in this two Swedish cities for the purpose of conducting interviews.

5. Results
The perceptions of khat users among Somali immigrants in Sweden vary from one user to another. Particularly perceptions of users contradict each other when it comes about the long-term health effects and the general well-being associated with khat use. However, it seems consensus among individual khat users that the negative impact of khat on integration issues in the new host country. Based on their perceptions and experiences of understanding khat’s effects on the user, the study has identified three themes: social aspects of khat consumption, perceived health effects and attitudes to khat. These themes will be further described with their respective characteristics.
Table II- Result of the study

<table>
<thead>
<tr>
<th>Code</th>
<th>Under-category</th>
<th>Category</th>
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<tbody>
<tr>
<td>Bad habit</td>
<td></td>
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<tr>
<td>Effect on economic conditions and family</td>
<td>Focusing on khat’s effects</td>
<td>Social aspect of khat</td>
</tr>
<tr>
<td>Isolates user</td>
<td></td>
<td></td>
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<tr>
<td>Negative impact on integration issues</td>
<td></td>
<td></td>
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<tr>
<td>Sleeping problem, loss of appetite and the feeling the urge to chew more khat</td>
<td>Health effects</td>
<td>Perceived health effects</td>
</tr>
<tr>
<td>Oral infection</td>
<td></td>
<td></td>
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<tr>
<td>Cardiovascular diseases</td>
<td></td>
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<tr>
<td>Harmful and wanted it to be prohibited by law enforcement authorities</td>
<td>Regulation of khat</td>
<td>Attitude to khat</td>
</tr>
<tr>
<td>Khat use helped maintain cultural identity and is alright</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absenteeism and reduced work effort, reinforces gender segregation, keeps men away from their families</td>
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5.1 Social aspects of khat consumption

The overview of social aspect of khat consumption shows that the majority of the participants in this study considered khat use as a bad habit which causes personal underdevelopment since khat chewers spend their time mostly on it. The social harms which respondents most commonly
attributed to khat use concerned more about disagreement or breakdown within marital or familial units. In addition, some of the respondents feel that their habit will affect both their children and partners very badly as the children or the spouse may eventually follow the footsteps of the father. As the saying goes, ‘like father like son’ or ‘the apple does not fall far from the tree.’ According to the respondents, khat use could also be a drain on financial resources of the family and individual too, and was also blamed for khat use habit that of being responsible to become absent from the family home for extended periods.

In contrast, some of the participants have argued that khat consumption damages the ‘image’ of Somali society in the Diaspora or back at home. The following quote is from the interview of a Somali man participated in the study and referred as Ali Geedi (name changed) who demonstrates his personal concerns related to khat use and how it damages the ‘image’ of Somalis communities in the Diaspora:

“I think khat is a very harmful addictive substance which affects not only the health of the individual users but also the image of the society in which it is use is rampant. For example, the negative impact khat has on the image of our Somali society is that we are seen by the other communities we live in as a lazy and noisy people who mostly wander around in town centers and litter every place. However, if Somali society is noisy and rude loiterers, then this behaviour could be found in the places where non khat users meet, but it is not. It is these few rotten apples who chew khat that damages the ‘image’ of our community and makes other see us as lazy and noisy people who litter everyplace”. Said the 28-years-old Somali man

Similarly, a 23-years-old Somali man who has been in Sweden around eight years and nowadays is a university student claims that though he knows more about harms associated with khat use and he even bother not only his personal health and financial burden, but effects it has on his fellow friends and the community in general too, he continues to consume the plant’s leaf with worries.

“I am not really concerned about the health risks of khat use only, but the negative impact pertinent to social spheres. For example, a friend of mine has been chewing khat
the last ten years. This friend of mine spends almost all of his time either chewing khat or lying on the bed due the effects usually felt after each session of khat. Once upon a time my friend has found a paid job; unfortunately he was fired from the work because he cannot keep the working time proporely”.

He, the 23-years-old Somali man, keeps in mind several other related problems he attributes that to have caused by the habit of khat consumption. In the following quote he explains factors such as financial resource drain and other negative impact which he believes to have originated by khat leaves;

“As the income of the person increases, the life expectancy of the same individual goes upward. Thus, the person might live with a dissent life because he has got good income sources. However, if the person is a khat chewer like me, pinpointing the finger towards him, it is unlikely to see tangible economic growth of the person should he keep on using the khat per day. This is because user of khat is mostly under fight with pre and post-khat effects and its fatigue. For instance, a person who uses khat divides his time between into two major areas; a time he or she deals with attaining the substance and a time that the person consumes it. In other instance, it is difficult for khat users to challenge for next day situation, claims the man. I myself feel khat effects within the following three days. I eat not enough, I sleep scarcely and I loss ambitions that I develop during khat session”

With regard to his personal perception about the lifestyle he selected, the 23-years-old university student want to uphold on his habit of using khat because it provides him information from his community, the man claims that:

“Apart from some of the limitations that opponents use against khat, I like the habit itself because it turns you to social person and you keep in touch with a lot of friends. Moreover, khat sessions are places where we exchange our feelings. It is also a means we that treat our Somali traditions to the best.”

On the other hand, most khat users met over the course of the study do not work. They chew the substance all night and wake up mid-day. Often after they wake up, they converge and meet in town centers – sometimes waiting for the next delivery of khat, sometimes going to the ‘town centers’ to ask fellow friends for money or what we call in Somali Shaxaad (Tips) since khat
users are mostly unemployed. Even those of them who are employed often run-out of money and they end up asking for handouts in these places. Mr. Geedi who lives in Västerås is an opponent of social damages associated with the habit of khat use, not the habit itself:

“I am Somali man who lives in Sweden and I have observed that some negative public disturbance behaviours that are mostly found in the places where khat users frequent. For instance, when I come to places like Stockholm’s Rinkeby Center, where immigrant Somali khat users are mostly found, I become saddened at the wrong image khat addicts are portraying about my people. These behaviours tarnish our society’s image in the new host country. In my case, I usually chew khat but never spend all of my time remaining out and moving around. I am not against of the habit itself to be prohibited by law as it is here in Sweden, but what I like to recommend is in a way that communities other than the Somalis do not perceive it as very bad habit. Thus, from my point of view it is essential at this moment that law enforcement authorities will at least make reforms intended to tackle such kind of problems, particularly Swedish authorities and individual users from the Somali community in this country should reconsider their current positions.”

It is worth to note that Geedi himself is a current khat user, but in a polite and moderate way not as rude way as he describes those who live in Stockholm’s Rinkeby center as he claims. Nevertheless, Abdi Kamil (name changed) argued contrary to what Geedi holds. Kamil who frequently chews khat believes that the problems resulting from the use of khat are caused by the person himself, not the use of khat leaf itself.

“Some become addicted of khat in the same way that people become addicted to alcohol. Here in Sweden, for example, nearly everyone drinks; among these people who use alcohol on daily basis some become homeless alcoholics, while others drink in moderation and run the country and their personal affairs smoothly.” Said kamil

In contrast, those who chew khat are cut-off from outside people other than ones’ involved with the same behaviour, claims one participant. When asked what is the main reason behind for this.

“It is their addiction to khat which brings them together and separates them from the rest of non-users in the communities where they live in. In this case, it is evident that using khat is an obstacle for people not accessing education or employment and is responsible
for familial discord. Therefore, it is reasonable to argue that people also turned to using khat when they were unsuccessful in accessing education or employment in the new host country.”

A 28-years-old who is in Stockholm’s Rinkeby has specifically attributed familial discords in Somali communities to after-effect and fatigue of the habit of khat.

“The negative impact that the use of khat has on family is observable. For instance, khat users neglect their family. Like most addicts to harmful substances, people who are addicted to khat put strain on the financial situation of their families. They spend beyond their means to satisfy their habit, often ending-up borrowing repeatedly money they cannot repay. Since they have no other sources of income they come back to their households and beg them to foot the bill. This creates conflict in the family and leads to a break-up of the family eventually. Moreover, khat users do not spend much time with their family, claimed Diriye Kahin. They do not help out in the household chores of the family as they are most of time sleeping due to the after-effects or fatigue of khat, or absent spending their time with fellow khat users. All this creates tension, arguments, and finally separation and divorce in the family”. Said the 28-years-old participant

A 31-year-old identified in the present study as Fidhin Kayse believes that children whose father uses khat underperform in education.

“It is likely to see the children of khat users mostly underperform in schools when compared to children of non-users; because she is the only mother who cares the children”.

Nevertheless, there is no commonly agreed perception of social harms attributed to khat consumption among the participants of this study. A 28-years-old however seems evaluating pros and cons of khat in the new host country and stand between the two edges.

“In the Horn of Africa and regions known for the harvest of khat, it was clear that the plant has improved the life of many families while it also depletes economies of some other members of families and countries, particularly khat cultivation has improved many farmers in Ethiopia and Kenya. However, here in Sweden there are several obstacles one
might confront with if he or she consumes khat on daily basis. For instance, life is here very competitive and one must be capable of at least fulfilling appointment and staff like that.”

5.2 Perceived health effects

When respondents were asked whether they had experienced a range of symptoms after khat use, the majority of them reported that experiencing some kind of health problem after using it. Three major health problems were uniformly reported among the individuals khat users participated in this study. These health problems include sleeping problem, loss of appetite and feeling the urge to chew more khat. The severity of these problems was largely dependent on the person and the level of influences khat has on his daily life. In other words, the severity depends on how much the usage of khat manipulates the behaviour of the individual person. According to the interviewed people, most of the symptoms were generally reported as being moderate or severe, depending on the situation.

Asked about whether any among of the problems such as anxiety, insomnia, nightmares and depression which is associated with use of khat he experienced during or immediately after chewing khat and how does these symptoms start on the first place, one of the respondents has replied to:

“Of course, the habit of khat use may cause these symptoms but it doesn’t normally cause immediate after each khat session. You may develop these symptoms after chewing a khat for long time or respectively within few months. The khat doesn’t only cause these symptoms, but sometimes it may cause very bad consequence that can lead even to death”. Said the man

Similarly, Magan Raage (name changed), one of the interviewed persons, who chews khat almost 8 years has another argument. This man claims that khat is destructive lifestyle and it gets worse when one integrate the habit with his daily life activities. He described the substance as:
“a very harmful and when the chewer develops adaptation of the substance it may be highly influencing to one’s daily life and even some times it may make the person nervous, stressful, depressed, tired suspicious and aggressive person”

Another 35-year-old man who has been chewing khat the last 17 years claimed that he get severe sleeping difficulties when he is done with chewing khat and turns to sleep.

“Khat is affecting my sleep because when I chew all night I cannot wake up early in the morning. It is very difficult to wake up. I get to sleep in the early hours of the morning and I cannot wake up for my job. I cannot be regular and I cannot even go out of the house where I live in”. Said the man

Nevertheless, almost all of the interviewed individuals perceived that the use of khat has negative effect on people’s health, their general well-being, the economic prosperity of the person and that of his or her family, and integration issues in the new host country too. In addition, sharing their experiences of the substance some respondents thought that if it is chewed frequently and in large amount, it can lead to consequences for the individual’s health. For instance, perceived health effects include oral infection, particularly when it is chewed together with sugar, problems associated with ingesting khat that has pesticides on it and more commonly agreed among those interviewed people, khat-induced psychosis. Some of the interviewed people who were proponents of khat use view it as a social convention, promoting harmony and providing a forum for collective decision making. In contrast, Hassan Hure (name changed) insisted that the impact of khat is obvious for him, but he keeps chewing it. Saying that:

“To me khat chewing causes insomnia that leads to waking-up late the next morning, going to work late and poor work performance. Meanwhile, the time spent chewing khat, four to five hours daily, can be considered hours lost to work or to benefit something else instead of sitting and chewing the plant.”

In terms of perceived health effects, since khat chewers like closed and warm rooms in most of their khat sessions, some non-smokers who use khat have stated their worries towards that the
habit might promote active and passive smoking. According to their perception, it also promotes lack of physical activity and causes nervous tension, lack of concentration and irritability. This quote demonstrates how this participant likes to use the khat plant.

“I really prefer more to chew in a group sitting because one of the reasons that force me to chew is being more attractive to sit with your fellow friends who are khat chewers or involved the same habit with you. This group may consist of smokers and non-smokers. As the habit is not legally permitted in this country, while chewing we hideout small rooms and we close doors and windows because we are afraid to be caught by the police officers”.

Another problem that he associated with the use of khat is to turn the individual user less care on him and less hygienic.

“Khat chewing makes you look for the external persons less hygienic, particularly the habit turns individual users into ‘hairy’ and it may change the white colors of one’s teeth into black”.

5.3 Attitudes to khat

Attitudes to khat were divided. Some respondents considered it harmful and wanted it to be prohibited by law enforcement authorities. Whereas, a substantial number that were included in this study felt that khat use helped maintain cultural identity and was alright when used in moderation. One of those who argued like this way is Hirsi Suldan (name changed) when asked about main reasons for using khat Suldan claimed that:

“I enjoy chewing khat, I like the feeling I get after I chew. The khat takes away all my problems and I dream of what it is like to be at home and all is well with family, relatives and friends. During khat session I am relaxing and I develop sense of capability to do everything.”
In contrast, a 30-years-old Somali man whose interest in khat chewing began when he was 16-years-old seems to disagree sensations felt during khat sessions.

"During khat sessions I experience flight of ideas which disturb my personal feelings in situations where I am involved or round at me. Although it makes me dream a lot, I cannot be able to concentrate on one thing. For instance, sometimes I used to try study my school subjects while I was secondary school student, but I lacked full concentrations”.

When asked why his interest of the attitudes to khat began at so an earlier age, he explained it to have influenced by both environment and peer-pressure which as he claims plays an important role for the escalation of attitudes to khat towards the society, particularly young people.

"It was begun when I was at 16 years old and I started chewing the khat after one year,17 years. I have had this habit because of my friends and the environment I was grown up which also contributed pushing me to start chewing”. Said the immigrant Somali man

Although larger part of the participants argues that the benefits from khat consumption are largely intangible, some of the respondents had mixed opinions about it; some of the respondents provided very negative views on khat use. Among these Kahin Bare (name changed) is one of those who believe that khat use had despoiled the image of Somali society. Bare said that:

“I think the attitudes of heavy khat user who do not work and give low significance for integration issues in the new host country in my community, referring to Somalis in Sweden, tarnished our image and the way the societies we live in see us. For example, I myself am a khat user but I do not allow the habit to dominate any sphere of my life. I go to school and if I get a job I will do my best.”
In conclusion, the participant’s perception towards the attitude of khat use is it that affects their way of life directly or indirectly. However, some opponents of khat use in this study, even though they are involved currently, have argued that:

“*Khat leads to absenteeism and reduced work effort, reinforces gender segregation, keeps men away from their families, and ultimately impoverishes families*”.

Apart from health risks to the individual users and perceived image to the society, a substantial number of respondents in this present study do not see khat as a drug of abuse, but as part of their culture and history. One of participant explained his perception towards attitudes to khat.

“What I believe is that khat chewing does not cause problems for most people. It is alright for men to chew it and I approve of khat chewing. It is alright for older people to chew khat, but I cannot approve of khat chewing for young people. However, I would rather my children allow chewed khat than drank alcohol. On the other hand, I would rather prefer my children chewed khat instead of smoking cigarettes. I think chewing khat is alright if it is done in moderation and in a way that it does not take over all your time”.

6. Discussion

6.1 Discussion of methodology

Since the aim of the study was to explore Ten Somalis men perceptions of using khat, a qualitative method with interviews of the khat users involved in the habit were considered to be an appropriate method. In terms of the quality of this study, consideration was made from Dahlgren, Emmelin and Winkvist (2004) description about trustworthiness including credibility, confirmability, dependability and transferability. The study’s survey method was interview rather than questionnaire because interview method necessitates a personal sensitivity, adaptability, and the ability to stay within the bounds of the designed protocol. In addition, interviews have been thought to achieve substantially higher response rates than mailed questionnaires (Goyder, 1985). In contrast, questionnaires were recognized to cost little, to ensure standardization of question wordings and perhaps to encourage openness on sensitive probes (Goyder, 1985).
There was an opportunity to interview two heavy khat chewers men who could have contributed a lot of information essentially needed for this thesis. These two men aged 45 and 53, respectively. It was misfortune when not being able to convince them to participate in this study. These two men refuted to provide oral consent unless the person who was responsible for this study provides them some kind of incentives preferably to cover expenses of a day khat chewing session. Moreover, one of the two, 45-years-old man, argued:

“You, referring the author, took a project from Swedish government to unveil the availability of khat in the Swedish market and those who consume it. Thus, it is unlikely to cooperate with you due to the fact that you determined to report about use of khat for concerned authorities. And law enforcement authorities will take measures to reduce the amount of khat entering in the country and this will affect the price of the substance. There will also be a probability to target both khat chewers and its dealers if I contribute or share with what I know about khat.”

One of the major difficulties encountered since the start of this study was that the Somalis who chew khat are not easily willing to express their experiences about the substance usage. The availability of this group of people is not as simple as one might assume. When found majority of them did not like to be asked something regarding about their lifestyle. Furthermore, when inquired about their habit most of the khat chewers consider it as personal issue where no one else has a right to intervene and they did not wish to talk about khat use frankly. This is an obstacle that hinders the free flow of information which allows people to make early choices that can help researchers who want to explore issues related to khat consumption. Another problem phased was that chewers of the khat plant sometimes ask people to provide money for khat buying as they did not every time afford to cover expenses of khat by themselves.

Although very clear explanations were given about the objective of the study, the man was much suspicious and even he has questioned why not to write about another topic other than the present one if there is no competing interest. Eventually, these two men were excluded from the group as they were unwilling to provide an oral consent. Studies have shown that Somalis are
highly sensitive in their contact be it direct or indirect from government authorities (Osman & Söderbäck, 2011; Nabzuka & Badhadhe, 2000).

One of the limitations of this study is that the author could not interview Somalis women. Although tried to find out Somalis women who consume khat, unlike men Somalis women did not use khat-houses (Mafreshi) at all. Women are more likely than men to chew the khat plant at home. Research has uncovered that the habit of khat chewing became an omnipresent phenomenon in Somalia, which with the exception of children, involved people of all categories and ages (Elmi, Ahmed & Samatar, 1987; Beckerleg, 2010). Yet, the issue of Somali women using khat is not easy to research and is a very sensitive topic. This is partly because there is a social stigma surrounding the use of khat by Somali women and they are generally reluctant to openly consume the substance and much less discuss it with strangers (Patel, Wright & Gammampila, 2008). In other instance, the habit of khat chewing represents a major part of the cultural and social traditions of Yemeni people and the khat plant plays an important role in their life-styles. In recent years, in the latter country it is observed that khat-chewing among women is increased (Al-Harazi & Frass, 2009). However, in Yemeni society men chew khat alone and women chew it alone but never together. Some women have their own rooms for the occasion, and participate in chewing khat with their husbands on weekends, but not on weekdays, as the husband is always out (Al-Habori, 2005). Whereas, some others chew khat when their husband goes out after lunch to chew and doesn’t return until way after of late evening. For these women, chewing is a way of breaking the monotony of the day and more importantly of getting together with fellow friends (Al-Mugahed, 2008).

Nonetheless, sitting in animated groups mostly, men and, increasingly women, though never chew together, that is being the tradition in these two Islamic countries, these two groups talk and laugh while plucking the tender leaves from the branches and tucking them into the cheek, eventually forming a wad that can bulge almost to the size of a tennis ball (WHO, 2008). In terms of level of khat consumption, male subjects who consume khat do this on a daily basis. While, Females seem to have a less intensive consumption pattern, as the majority consume khat on a "less than weekly" basis. Furthermore, khat rituals were longer among males than females in Somalia and in Yemen as well (Wedegaertner et al., 2010). The pre-existing thoughts of the
author in terms of khat rituals and the time that male users spend for chewing is congruous with what researchers have concluded in their studies in this area. This is because the author was brought up in an environment where consumption of khat is really widespread among people with different educational and socio-economic backgrounds. However, the author has got a new insight about the women in Yemen chewing khat together with their husbands as reported by Al-Habori in 2005.

Methods of collecting data in qualitative research include interviews, observation and questionnaire. In this study individual interviews were considered the most suitable type. This is because interview allows the researcher that an opportunity to clarify ambiguous answers and when appropriate, seek follow-up information. Furthermore, if the interviewee has complexity to answer a question or if he or she provides only a brief reply, the interviewer can use cues or prompts to encourage the interviewee to consider the question more (Hancock, 2002). Questionnaire can be sent to a large group of people and saves time and expenditure of the researcher. It is also more truthful while responding to the controversial issues due to the fact that their responses are anonymous. It has one major drawback which is people who receive questionnaires do not return them back (Hancock, 2002). The latter case encouraged the author not to carry out questionnaire type of data collection mainly due to its major drawback. In contrast, observing participants in a situation where the research focus goes is more reliable. Because it is possible to see how the individuals actually behave. Additionally, observation can also serve as a technique for verifying or invalidating information provided in face to face encounters (Hancock, 2002). If observation method were used in this study, participants of the study would have confronted the author because they do not want to unveil places that khat is sold or chewed. The author has analyzed this problem and decided not to conduct observation method.

A group of 35 individuals were contacted in order to get their formal consent for participation of this study, but only ten Somalis men of khat users were selected as the rest of the group refuted to provide any consent or cooperation between them and the author. Obviously, studies have reported out that in general Somalis are highly sensitive with contacts from the government (Nabuzoka & Badhadhe, 2000). Based on the inclusion and exclusion criteria of the study there
were no contacts made to users of khat other than Somalis. Moreover, to participate in a given study one must qualify inclusion and exclusion criteria set by the author of the study. Inclusion and exclusion criteria are developed to make sure that the research provides a high level of safety for all informants and to assure that the study can provide accurate results (Loma Linda University, 2009).

On the other hand, the interviews were conducted in Somali, transcribed in Somali and then translated directly into English by the author. The purpose of qualitative research is to understand human behaviour, the extent in which it occurs and the senses that people ascribe to specific situations. It is also stressed that the strong need for interviews to be conducted with non-English speakers to their mother tongue to understand situation explored better (Lopez et al., 2008). It is well accepted in study that a translation should “reproduce as accurately as possible the source text, use the natural form of the target language and express all aspects of the meaning in a manner that is understandable” (Lopez et al., 2008).

In general there are seven step translation methods held as the ideal methodology for ensuring accuracy and understanding of the item being translated and is used primarily for translating survey instruments into languages other than the one in which they were developed (Lopez et al., 2008). Another limitation of this study is that neither the author was a professional translator nor the Somali man who assisted the process of translation. In this case it is unclear whether the seven steps translation process was implemented effectively. Nonetheless, Lopez et al (2008) suggest translators who are familiar with cultures are crucial to the translation process. In this case, the author of this study and the Somali man who is involved in the translation process are familiar with both Somali cultures and the habit of khat use.
6.2 Discussion of results

The result of the study indicates that there is no commonly agreed perceived health impacts among immigrant communities in the new host country, particularly the ten Somalis men who participated in this study differ from one to another in terms of harms related to khat use. In the scientifically oriented communities, harms associated with khat consumption are really contested in the academic literature too (Backerleg, 2006; Osman & Söderbäck, 2011). Moreover, despite its popularity in some parts of the globe that we live in, and the potential impact of its consumption on individual and public health, khat use has until now received only marginal attention from the scientific community. For centuries, khat use was considered to be restricted to some African and Arabian Peninsula countries (Manghi, 2009). Paradoxically, recent studies confirm that chewing khat had spread amongst other young immigrant groups then the Somalis and even to young Swedish people (Osman & Söderbäck, 2011). The TPB theory explains that some information do not work as it was allocated to do (Montaño Kasprzyk, 2008). According to TPB human action is guided by three kinds of considerations: behavioral beliefs, normative beliefs and control beliefs. TPB holds that behavioural intention is the best predictor of a behaviour, which in turn is determined by attitude toward the behaviour and social normative perceptions regarding it (Montaño Kasprzyk, 2008).

Nonetheless, reliable scientific sources confirm that khat consumption has negative consequences on the economic development of a country and on the health of the society too (Balint et al., 2009). In line with, some of the participants perceive that the habit of khat use is detrimental to their health status since all khat sessions are administered in sedentary life. The WHO has associated khat use with CVDs, the number one killer disease throughout the world (WHO, 2006).

With regard to social harms associated with khat use, participants of this study link khat use with family discords. Some of the participants blamed khat on personal under-development as it takes away one’s time significantly. In Kenya, for instance, some authors blamed khat on under-development in ethnic Somali-dominated North Eastern Province of Kenya where there is no war, but many refugees from Somalia (Anderson, et al., 2007). By the same token, study carried out at Sheffield city in UK has indicated that the khat chewing has a social dimension, as it takes
significant proportion of one’s time. Most of the respondents in the study conducted at Sheffield considered khat to be a problem with some negative health and social effects but rationalized usage citing personal pressure, socio-cultural and emotional problems faced as a result of dislocation from country of origin, and need for recreation (Nabuzoka & Badhadhe, 2000). The TPB highlights that human behaviour are governed not only by personal attitudes, but also by societal pressure and a sense of control (Moss, 2008).

On the other hand, none of the members participated in this study liked to be referred as ‘Qayile’ a Somali term which means habitual khat chewer because they were not happy with the negative connotations that this term conveys to in accordance with their culture. Studies have shown that ‘Qayile’ the name designated for a habitual khat chewer, is a term essentially describing one as a chewer of khat but also having the negative connotations of preoccupation with khat and having some measures of irresponsibility (Nabuzoka & Badhadhe, 2000). On one side, previous studies have demonstrated that khat misuse significantly exacerbates poverty levels and has a negative impact on the living standard of the Somali people, who already live in one of the poorest countries of the world. On the other side, some of the studies regard khat as a barrier to community integration and progress in the wider society (Bhui & Warfa, 2007). In regard with how do the individuals participated in the study perceive their economic aspect; the majority of respondents grasp that khat use has a financial strain which is set back to their economic prosperity. Provided that the negative connotations that habitual khat user confront within his or her culture and competitive situation that immigrants communities from Somalia phase in the new host country mainly the west, informants of this study live in a hope which is to refrain from usage of khat sooner or later. TPB generates some fascinating predictions. For instance, individuals involved in a type of behavior are more likely to execute rather than neglect their intentions, such as a plan to refrain from alcohol, if they express these plans on more than one occasion (Moss, 2008).
About the individual aspect and how a use of khat harms, Anderson and Carrier (2009) have shown that:

“People under the influence of khat live in a “dream world” and lose all sense of reality. In large doses khat makes them excitable but not, in my experience, violent . . . A khat addict gradually becomes a listless, lazy, “good-for-nothing” person who lacks all energy and ambition. Khat addicts also lose sexual desire. In Somaliland, where it was worse than here, it was usual to dismiss any domestic servant found eating khat because of its bad effects on their work”

In terms of theoretical framework of the study, Health Behaviour Theory, especially TPB was used as a theoretical guide. Somalis who are in use of khat leaves have argued that their intention in use of khat is to maintain and preserve their ancestral culture and history. Thus, khat chewers perceive as long as they keep using khat in groups or in personal, they still uphold their culture. Some of these group claim that use of khat is a means which facilitate and increase cooperation between individual user and collective decision-making. Thus, TPB has been used successfully to explore behaviours related to substance use ((Montaño Kasprzyk, 2008).

Result of the study shows that the perceptions of khat users among Somali immigrants in Sweden vary from one user to another. Particularly their perceptions significantly contradict each other when it comes about the long-term health effects and the general well-being associated with khat use. Some of the participants consider khat as a substance that was misunderstood by the West. Nevertheless, it seems consensus among individual khat users that the negative impact the substance has on integration issues in the new host country. Based on their personal perceptions and experiences of understanding khat’s effects on the user, the study has identified three themes: social aspects of khat consumption, perceived health effects and attitudes to khat. The usage of khat has an effect on these three specific aspects claims the present study.

Finally, the major complexities that were encountered over the course of the study could be attributed to the legal status of the plant as khat itself is classified illegal substance in Sweden since 1989 (Osman & Söderbäck, 2011). In Sweden though smuggled, it is almost impossible for an interested person to import khat freely anywhere in this country, and consumers are really in alert situation where they are afraid to be caught by law enforcement authorities while chewing
khat. All this problems contribute to the major difficulties met over the course of this thesis. In addition, Somalis sensitivity behaviour in their contact with the authorities (Osman & Söderbäck, 2011), and the time span that the participants lived in Sweden which is less than 8 years has limited the results that was expected from those who participated in the study.
7. Conclusions

Having interviewed participants of this study and at the same explored their perceptions toward the habit of using khat, the conclusion of this study is that most of the respondents have professed that the use of khat has negative consequences on their economic well-being in the new host country. According to the participant’s perceptions, chronic use of khat has adverse consequences on public health. The majority of informants participated in this study have admitted that several health issues that they believe to have caused by usage of khat. These health problems that were most frequently stated include sleeplessness, nervousness, impotence, constipation, loss of appetite and frequent nightmares. While, the perception of the participants towards long-term use of khat is associated with anorexia that leads users of khat to malnutrition and increased susceptibility to communicable diseases including tuberculosis. Some of the informants perceived that the consumption of khat is linked with reproduction problems in men because during khat sessions almost everyone losses sexual desires and afterwards users struggle with effects of khat and the fatigues it had caused. On top of these, almost everyone in this study blamed the use of khat to have severely limited options of integration in the new host country. Some of the participants argue that khat has emerged as a barrier to community integration and progress in the wider society. Due to the fact that khat users are usually cut-off from the society other than the small group involved in the same habit.

Yet, on account of all these public health issues attributed to khat consumption there is great marginalization from scientific communities across the world and it is unclear when the scientific community recognizes khat as a health problem and emphasis efforts to unveil health problems linked with its use. Nonetheless, there are some studies that have reported khat misuse significantly exacerbates poverty levels and has a negative impact on the living standard of the Somali people who already live in one of the poorest countries of the world and Somalis immigrant communities in the abroad as well. Finally, the author of this study would like to undertake a broader research than this paper to further substantiate ‘in more detail’ the conclusions of this study.
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Supplements

- Appendix I: Interview Guide
- Appendix II: Example of data analysis—Attitudes to khat
Interview Guide

1. **Theme one: Culture of khat consumption**
   1.1 Please tell me about when your interest in khat-chewing first began? Why?
   1.2 How long have you been using khat?
   1.3 Can you please tell me about your experience in khat use and how does the habit is linked in your daily live?
   1.4 During or immediately after you chew khat, do you really experience any one among the following problems such as anxiety, insomnia, nightmares and depression? And how does this symptoms start on first?
   1.5 If yes, what did you think then? What did you actually do when you felt a mounting anxiety, insomnia, nightmares and depression? How did your body react?
   1.6 During your khat chewing sessions, how do you chew it mostly? Do you chew alone or mostly in a group? Which option you prefer more?
   1.7 As a khat Chewer, Please tell me what kind of perceptions do you have on the habit of khat chewing in general, and how does this make you feel while you are chewing khat?

2. **Theme two: Harms associated with khat use**
   2.1 Do you think that the use of khat has an impact on your health and your integration issues in your new host country? What kind of impact do you think khat chewing has on your integration issues?
   2.2 What are the major obstacles that you have encountered since you were using khat?
   2.3 In what ways do you find that khat use could be regarded as disturbing lifestyle behaviour on integration issues?
   2.4 Because of your chewing practice, do you enter into disagreements with other members of your family and the community you live with?
   2.5 What are the major advantages that you see in the usage of khat in your daily live? What is the major disadvantage that you see in the khat chewing?
   2.6 What advice would you like to give khat consumers who are keen to encourage its use in the new host country?
### Example of data analysis—Attitudes to khat

**Figure 1. Examples of Meaning units, Codes, Categories and Theme from the data analysis**

<table>
<thead>
<tr>
<th>Meaning units</th>
<th>Code</th>
<th>Category</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>We do have regular meetings of khat sessions that we exchange information and we have this meetings every week three to four times (1)</td>
<td>Regular contact</td>
<td>Collaboration</td>
<td></td>
</tr>
<tr>
<td>The meetings consist of khat users with different educational backgrounds but ethnically all are Somalis. Sometimes it is possible to find within the group’s khat sessions Somali female users (4)</td>
<td>Female participation</td>
<td>Participation</td>
<td></td>
</tr>
<tr>
<td>There is possibility to see each khat session in the specific situation or context. If the group is small, you have to know that session will have different context than the one consisting of large group of users. Three to five khat chewers are always what I would like sit with (10)</td>
<td>Concerning at a khat sessions context</td>
<td>Relationship with other users</td>
<td>Attitude to khat</td>
</tr>
<tr>
<td>I think most of khat users try to find the ways that they can cooperate when khat scarce occurs. I keep in touch with fellow friends when I knew its availability somewhere in the neighborhood and they do as well. Although you can’t force them to tell you, but you have to expect that they will tell you because this is how the system works (8)</td>
<td>Informal cooperation</td>
<td>Mutual relation and trust</td>
<td></td>
</tr>
</tbody>
</table>