Prevalence of Khat chewing among Higher education Students in Addis Ababa, Ethiopia: An assessment of Risk Factor for Chronic Diseases

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Introduction

- Like other developing countries the health system in Ethiopia has suffered from the burden of infectious diseases and malnutrition
- On top of this, the growing burden of diet and life style related chronic diseases has created a double burden
- The burden of chronic disease risk factors are also increasing
- Behavioral risk factors include substance use such as Khat, alcohol, and cigarette

Khat

- Khat is one of locally dominating drug to which people are becoming addicted in Ethiopia
- Different studies documented its importance in progression of certain chronic diseases such as myocardial infarction
- Some of these studies implied increased risk of MI with long term and heavy consumption
- Here we presented only findings related to Khat

Objective and Methodology

Objective

• To determine the prevalence of Khat use and identify possible determinants of use among higher education students in Addis Ababa, Ethiopia

Methodology

• This is institution based cross sectional survey of 1078 students, which employed cluster sampling procedure conducted from January to July 2007

Methodology

- The sample size was calculated using a single population proportion
- The study participants were higher education students in the selected batches and departments of Addis Ababa university, Unity University collage and Saint Mary Collage
- The WHO STEPS instrument was used with some modification to include Khat as a risk factor for cardiovascular diseases

Result

- Percentage of current Khat chewing was 13.8% with mean age of 18 (2<u>+</u> SD)
- The mean age at which cigarette smoking first started was 18 (+2.4 SD)

Characteristics	Frequency	percentage	
Living arrangement(n=1053)			
Non boarding	611	(58.0)	
Boarding	442	(42.0)	
Source of income(n=1041)			
Family	784	(75.3)	
Pocket money	124	(11.9)	
Part time job	48	(4.6)	
Relatives	40	(3.8)	
Other	45	(4.3)	
Pocket money/m(n=897)			
I st quartile (49.93 birr)	152	(16.9)	
2 nd guartile (120.39)	249	(27.7)	
3 rd quartile (251.04)	270	(30.0)	
4 th quartile (805.39)	228	(25.4)	

Characteristics(1)	Khat chewi	Khat chewing habit		
	Frequency	%	Adjusted OR	
Sex (n=1077)				
Male	131	19.5	4.9 (2.3, 10.2)*	
Female	18	4.4	1.00	
Age (n=1001)				
15-19	14	5.2	1.00	
20-24	119	18.1	3.4 (1.5, 7.7)*	
25+	8	11.0	1.4 (0.4, 5.1)	
Class year (n=1078)				
First year	33	8.6	1.00	
Second year	49	14.4	1.6 (0.8, 3.2)	
Third year	67	19.0	1.7 (0.8, 3.5)	
Residence (n=1048)				
Rural	11	9.3	1.00	
Urban	134	14.4	2.9 (1.1, 7.7)	
Living arrangement (n=10541)				
Boarding	68	15.3	1.00	
Non -boarding	76	12.4	0.56 (0.3, 0.99)	

Characteristics(2)	Khat chewing habit		Odds ratio 95%Cl
	Frequen	cy %	Adjusted OR
Pocket money/month (n=899)			
I st quartile	12	7.9	1.00
2 nd quartile	38	15.3	1.6 (0.69, 3.7)
3 rd quartile	33	12.2	1.2 (0.47, 2.9)
4 th quartile	50	21.9	1.8 (0.72, 4.3)
Father's history of khat chewing (n=1034)			1
Yes	29	27.9	2.97 (1.5, 5.8)
No	116	12.5	1.00
Friend's history of khat chewing (n=1056)			
Yes	130	28.0	6.6 (3.4, 12.7)
No	16	2.7	1.00
Smoking status (n=1078)			
Yes	55	70.5	10.8 (5.0, 23.0)
No	94	9.4	1.00
Binge alcohol consumption			
Yes	43	58.9	2.6 (1.2, 5.7)
No	106	10.5	1.00

Conclusions and Recommendations

- Khat chewing is common practice in the study population, co existing with other substance use
- Intervention to reduce khat use among higher education students should start early high school and continue to collage
- The collage community should take this problem in to account and initiate intervention to save the future of students

Conclusions and Recommendations

- Khat chewing is common practice in the study population, co existing with other substance use
- College, as continuations of high school is a favorable environment to adopt unhealthy life style as the same time; it is the primary place to start life saving action to reduce the risk of chronic diseases in this population and save their future

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