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Research Article

Psychosocial Consequences, Experiences, and Motives in Quitting Khat Among Daily Users: A Qualitative Study in Gondar City

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Abstract

The study examines psychological and social effects on married adult males who consume khat (Catha edulis) throughout Gondar City Ethiopia. The research demonstrates khat serves as a substantial public health concern because it triggers various adverse mental health impacts affecting individuals at all life stages and extended family and community members. Using both snowball sampling and convenience methods researchers gathered ten regular khat users for an investigation on addiction patterns and psychological symptoms and social effects and withdrawal mechanisms. The study implemented Amharic participants who received transcription services as well as thematic structural analysis. Those who use khat understand it serves as an addictive substance while using it to battle their life stress. The research revealed that repetitive unfortunate encounters caused both mental diseases and depression and psychosis and led to household ruptures and financial ruin. Subjects experienced major obstacles in ending their khat consumption since their bodies reacted with physical withdrawal symptoms and their minds remained addicted to its effects. The study demonstrates that health authorities should create personalized intervention programs which inform users about khat dangers and offer retreatment solutions to address addiction symptoms across physical and mental health domains. The study works to develop new public health policies and increase knowledge about khat behavioral effects within affected demographic groups.

Keywords

Khat (Catha Edulis), Addiction, Mental Health, Psychological Consequences, Social Implications, Motivations for Cessation

1. Introduction

1.1. Background of the Study

The global problem of substance misuse damages both health status of populations and national levels of prosperity and social well-being [9]. Drug and substance use (DSU) exists as a worldwide problem that produces multiple disabling effects on physical wellbeing and mental health from psychoactive substance misuse. DSU generates multiple destructive impacts beyond individual health complications because these behaviors escalate ongoing social concerns including violence and crime possibilities while boosting infection risk for HIV/AIDS and Hepatitis B and C and tuberculosis [15]. The financial burden of substance addiction affects both healthcare systems and criminal justice institu-

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tions and public service infrastructure [10].

Traditionally many societies in the Middle East and East Africa used Khat (Catha edulis) as a drug [11]. The two main psychoactive compounds in this herbal stimulant called cathine and cathinone produce its stimulant effects according to the United Nations Office on Drugs and Crime [15]. People who use khat tend to overdose and develop psychological dependence which leads to different adverse effects including manic behavior, paranoia and hallucinations and increased susceptibility to severe mental health problems including depression and anxiety [7, 13].

Khat expenditure continues in East Africa and the Arabian Peninsula regions although people face documented health problems from khat use. A study has found that five to ten million people globally use khat particularly within social and cultural communities of Ethiopia and Somalia and Yemen [6, 17]. Users of chronic khat consumption develop multiple adverse mental health problems including increased rates of mental disorders, development of post-traumatic stress disorder (PTSD) and heightened psychological distress according to research by [8, 3].

1.2. Statement of the Problem

Khat (Catha edulis) use has considerable negative impacts on public health because of its widespread consumption in East Africa and the Arabian Peninsula where it specifically affects vulnerable groups. Studies about mental health problems caused by khat addiction in married adult males remain inadequate even though consumption levels increase and mental health deteriorates. The research demonstrates khat has naturally established itself throughout different cultures to gain social acceptance [1, 17] but this cultural narrative hides the major health risks arising from its use.

The consumption of khat nutrients produces an additional risk factor that leads to increased cases of depression and PTSD according to [8]. Research participants indicate that current information lacks enough rich qualitative aspects although there exist known data constraints. The use of the cross-sectional methodology to research khat-related damage fails to provide satisfactory explanations about addiction development [12]. The connection between khat consumption and mental health disease development remains challenging to trace since biometric studies must deal with preexisting analytical confounders [4]. The research investigates khat addiction through three key research questions regarding the addiction development process and its mental and physical consequences and societal effects together with stoppage attempts factors. Khat users experience psychological distress at rates that are practically double compared to individuals without khat exposure revealed [16] thus making these matters worthy of close investigation.

The social and economic consequences of Khat addiction reach farther than private use to encompass the whole community and the family members of consumers. The financial burden of Khat use becomes severe because instead of buying essential goods users allocate their money to khat which results in family breakdowns and reduced mental capabilities [5]. Studies need to investigate how social demands affect married adult males who use khat because this same effect calls for immediate scientific evaluation.

Realistic intervention approaches require understanding about what motivates users to stop consuming khat because this creates the base for effective methods. The withdrawal symptoms and craving intensities of khat users create barriers to abstinence that lead them to reutilize the drug regularly [13]. Studies have shown religious traditions and cultural customs influence when people start taking khat as well as how they stop but academic research lacks insights specifically from khat-using married males.

The comprehension of khat user motivation toward stopping substance use enables successful intervention development. The presence of khat withdrawal symptoms forces users into repeated drug relapses according to [13].

Research investigation shows religious and cultural elements contribute to the beginning and conclusion of khat usage but lacks sufficient qualitative data about the experiences of married users.

Seeking to build current scientific knowledge this research examines the psychosocial factors affecting married adult male khat consumption in Gonder city's Ethiopian population. Research for this study has focused on identifying addiction patterns together with social effects and psychological elements and the quitting process of affected individuals to guide public health strategies about khat impacts.

Research examining khat-related mental health risks has increased substantially while psychosocial outcome investigations have not been well studied within specific communities. Current research covers insufficient qualitative studies examining married adult men who use khat in Ethiopia and their process during both drug use and drug cessation. Addiction to khat requires people to understand their addiction development along with knowledge about psychological and social effects, as well as their challenges during addiction break attempts.

This research intends to fill the gap by answering the following questions:

1) What is the process of building an addiction to khat?
2) What psychological, health, and societal consequences are linked to khat consumption?
3) What experiences and reasons do regular khat users articulate concerning cessation?

2. Literature Review

2.1. Drug Abuse and Global Health

Substance use disorder is an extensive global challenge which influences health and economic strength and the social

welfare of any nation [9]. Drug and substance use (DSU) is a global issue, and non-medical use of psychoactive substances is linked to many adverse effects on health in both physical and mental domains. Those who engage in substance use are more at risk of contracting diseases such as HIV/AIDS, Hepatitis B and C, and TB that impose heavy costs on society [15]. The cost of substance addiction to other people becomes an increased burden on public services and the criminal justice system [10].

2.2. Khat as a Psychostimulant

Khat (Catha edulis) stands as one of the widely recognized psychotropic drugs among experts. Traditional usage of Khat as a psychostimulant herb exists throughout many regions in East Africa and the Middle East which contains its active components cathine and cathinone [15]. People understand well how khat provides stimulant effects while its danger of overdose and psychological dependence remains a concern. People who consume khat experience multiple negative effects including manic behavior, paranoia and hallucinations and will develop depression and anxiety symptoms after prolonged usage [7, 13].

The practice of khat consumption persists despite health dangers because its distribution ranges from East Africa into the Arabian Peninsula. The worldwide khat consumption range estimates at five to ten million users mostly involves residents of Ethiopia, Somalia and Yemen who consider this practice integral to social customs [6, 17]. Khat users who maintain long-term use develop multiple damaging mental health issues because khat increases the occurrence of mental disorders and triggers post-traumatic stress disorder (PTSD) and leads to psychological distress [8, 3].

2.3. Socioeconomic Implications of Khat Use

In response to an increase in the usage of khat, the society faces significant socio-economic implications. Daily khat chewing practices may be linked to the household problems, neglect of academic responsibilities, and poor job performance by virtue of poorer quality and quantity of time spent collecting and consuming khat [5, 16]. In addition, the range of symptoms associated with the chewing of khat, such as anxiety, anger, and insomnia, can affect daily living [1], and negatively influence family relations [12].

2.4. Gaps in Current Research on Khat Addiction

Assessing khat consumption within cultural environments also minimizes recognition of its mental health risks as proposed by [1] and [17] yet psychosocial research on khat addiction among married men remains scarce. The current literature provides comprehensive descriptions of khat consumption's negative psychological effects that increase depression rates and PTSD incidence [8]; these individual user perspectives are not presented in a holistic way.

The addiction process remains poorly understood because most studies employ cross-sectional designs according to [12].

Understanding how khat use leads to different mental health disorders should be established urgently because different variables might confuse the results [4].

Scientific evidence presents a significant finding that khat users experience serious psychological problems at a rate of approximately 25% compared to people who do not use khat [16].

Individuals who consume Khat create socio-economic problems that first affect them yet these issues spread throughout their loved ones and the broader community. Consuming Khat results in financial loss of important household requirements which creates more broken families and severe mental health decline [5]. The effects of khat require complete investigation because studies demonstrate that khat consumption leads to specific economic challenges affecting married adult males with particular stressors [13].

2.5. Motivations for Quitting Khat Consumption

The identification of factors that aid users with khat cessation development methods that deliver effective results. Withdrawal symptoms coupled with compulsive cravings lead individuals to face immense obstacles while maintaining abstinence and ultimately cause them to start using khat again [13].

Current research lacks investigations about khat's origin and conclusion among specific cultural and religious groups while neglecting fundamental understandings from male married khat users.

The research demonstrates how weak knowledge exists regarding psychosocial effects of khat use on Ethiopian married male adults. The study seeks to reveal gaps in research knowledge about khat use so public health professionals can better create evidence-based intervention and policymaking guidelines to address its consequences.

3. Research Methodology

3.1. Study Setting

Researchers studied Gondar City as the main experimental site within the Amhara region of Ethiopia. Outside of tourist activities Gondar functions as a historical center where numerous cultural events take place. The society faces important issues because of excessive khat use that produces multiple negative outcomes across individual and community settings. Experts link social and health problems to Khat consumption because users prepare this stimulant from Catha edulis plant leaves [14, 16].

3.2. Study Design

The research employed qualitative case studies to provide extensive investigations of khat related psychological effects as well as social effects and health outcomes in people who use khat daily or severely in Gondar City. The method provides thorough access to personal experiences which establish an enhanced comprehension of related challenges [18].

3.3. Participants of the Study

The study involved typical khat consumers from Gondar City who use khat at various establishments referred to as "chat bets." Ten participants who consumed khat regularly in Gondar City were recruited using combination techniques of convenience sampling and snowball sampling. The mixed sampling methods produced diverse khat consumer participation which made possible the collection of substantial and multifaceted data [18].

3.4. Data Collection Tools

The researcher created an interview guide as their primary instrument for collecting original data. Open-ended questions within the guide aimed to trigger extended responses to encourage innovative thinking for new topics and concepts. Essential enquiries comprised:

The research explores what original factors drove users to start khat consumption and eventually become regular consumers.

What dose of khat do people use at present and has their consumption changed since beginning this drug habit? The khat users understand how their substance use affects their personal relationships.

Participants described the various medical, behavioral and social impacts they experience because they consume khat every day. The individuals consider discontinuing khat usage while sharing their future reasons behind such a decision.

The research inquiries followed qualitative study principles to study how khat usage affects individuals and wider society.

3.5. Method of Data Analysis

Thematic analysis was employed to thoroughly assess the information obtained through interviewing participants. All interviews were recorded by audio devices while additional hand notes were taken simultaneously throughout the procedures. The researchers conducted Amharic language interviews at first before translating them through professional interpreters into the English language. The investigators analyzed and combined the data based on the study's objectives through an organized framework which generated three core themes that encapsulated participant perceptions and experiences.

3.6. Data Gathering Procedures

The interviews established an agreeable environment which promoted effective interaction between the interviewer and interviewee. To join the study participants needed to provide their consent through a signed form that demonstrated their willingness to participate voluntarily. All participants received protection for their confidentiality through security measures that prevented disclosure of personal identification and responses. Open interviews with durations between 30 and 45 minutes took place in accommodating spaces which supported free discussion between participants. During the interview process the researcher obtained recording authorization along with written notes to attain comprehensive data collection.

3.7. Disclosure of Interest

The authors confirm that they do not have any financial or personal relationship that may be considered potential conflict of interests that may have taken place in this research, analyzing, and concluding this study. It was independent research without sponsorship of it by organizations that had vested interest on the results. Consent was ensured though all participants gave an informed consent and ethical approval was undertaken to uphold the academic quality and ethics of confidentiality in the execution of the study. The results and conclusions are of the authors alone.

4. Results

4.1. Demographic Characteristics of Participants

Table 1. *Demographic characteristics of participants.*

Code	001	002	003	004	005	006	007	008	009	010
Age	46	25	40	37	26	32	61	23	30	36
Sex	M	F	M	M	M	M	M	M	M	M

Code	001	002	003	004	005	006	007	008	009	010
Religion	Orthodox Christin	Orthodox Christin	Orthodox Christin	Muslim	Orthodox Christin	Orthodox Christian	Orthodox Christin	Orthodox Christian	Orthodox Christian	Orthodox Christian
Marital status	Divorced	Not married	Married	Married	Not married	Not married	Divorced	Not married	Married	Not married
Khat chewing experiees	15 years	7 years	10 years	12 years	5 years	11 years	25 years	4 years	8 years	13 years

Table 2. *Educational and Occupational background of participants.*

Job status	Employed	Un-employed	Employed	Private business	Un-employed	Private business	Retire	Un-employed	Employed	Businessman
Educational status	First degree	First degree	First degree	High school completed	High school completed	Elementary school completed	Diploma completed	Elementary school completed	First degree	High school completed

During the research period different demographic groups among ten participants formed the sample population. The study included subjects between 23 and 61 years old whose average participant was 35.6 years old. Among the population eight identified as male gender while one of the participants self-identified as female. The participants belonged to nine Orthodox Christian faith communities with additional membership from a single Muslim religion. The survey revealed that three participants were married whereas five others were single and two experienced divorced.

The participants displayed diverse experiences with khat chewing which averaged out to 11 years as reflected in the study. The longest reported khat usage period reached 25 years and the shortest reached five years. There were significant differences in study participants' educational attainments because few completed universities but most finished elementary school.

Workers in multiple positions carried out their duties within the study. The group included three government officials as well as two workers from private institutions alongside a private company owner but retirement was chosen by one participant and three remained unemployed.

4.2. The Process of Khat Use Addiction

All interview participants admitted they used Khat on a standard basis. Based on their self-assessment this user did not view their habit as addictive although they maintained regular consumption patterns. Participants gave varying reasons for beginning khat use yet most people described starting for pleasure. Two participants said they started using khat when they were studying at college to improve their concentration capabilities. A participant described their khat initiation experience through glimpses of their father's ongoing khat use while promoting its advantages to them.

Every interview participant understood khat use as an ongoing addiction. Protective environments offered one of the main factors that led users to continue their khat use. Participants used khat to both handle adverse life events and reach personal objectives. Participants displayed progressively rising requirements for khat use as time passed to achieve similar outcomes from its use.

For instance, one participant expressed the belief that they were not addicted and perceived their use as a harmless hobby:

> "I don't think I'm addicted to khat, and I'm sure I'm taking it willingly, and it's just a pleasurable hobby" (Participant 005).

Conversely, a participant who recognized their addiction stated:

> "I began eating khat for fun, and I just wanted to discover what it felt like and I never thought I would become involved" (Participant 001).

Another stated:

> "I started chewing khat when I was a first-year college student with my friends pushing me. They convinced me khat makes what you are reading clear and useful for concentration" (Participant 007).

The youngest participant recounted their early exposure to khat:

> "My father was a khat user, and he sometimes chewed khat at home. When I was 16, I tested the leftover khat of my father, and I felt good with my first test" (Participant 009).

4.3. Psychological, Health, and Social Effects of Khat Use

Khat use led to harmful outcomes according to every re-

search participant. The research analysis revealed multiple important adverse effects across health categories and social structure together with psychological aspects and financial parameters. Participants expressed many mental health conditions which included depression and psychosis. Most cases of depression in khat users either stemmed from their withdrawal period or emerged because khat consumption caused financial crises. People who took large amounts of khat without eating first developed psychotic symptoms.

The more advanced their addiction becomes several participants admit that people start selling their personal belongings and household items for khat purchases. Weight loss alongside malnutrition developed from the widespread appetite loss experienced by users. Study participants indicated khat use drains fluids from their bodies causing weakness along with multiple health risks for illnesses. The participants discussed frequently how khat use led to gastrointestinal problems which included halitosis as well as tongue discoloration and dental decay while causing tooth disintegration.

4.4. Motives and Experiences to Quit Khat

Most participants tried to give up khat intake but various obstacles in their life served as barriers that prevented them from succeeding at stopping their use. Participants showed mixed feelings about quitting but kept their priorities on handling the problems that existed in their actual life circumstances. The medical dangers connected to extended khat usage were recognized by the population but few people understood effective ways to break the habit.

Most participants looked for opportunities to stop khat consumption yet no approach proved effective for them. A female participant mentioned she uses khat as her primary restorative remedy for her sleeping issues because rest has become very difficult for her.

> "A female participant reported difficulty sleeping and resting when trying to stop chewing khat. So, to sleep, she must take khat, but in the other way. She believes that consuming khat is causing her to lose her appetite" (Participant 002).

Another participant shared their struggle with the emotional effects of quitting:

> "Without khat, I feel unstable, under pressure, and easily irritated. I lost my mood until I found khat and felt better. So, for me, it is hard to quit khat even for one day" (Participant 005).

These findings indicate that quitting khat presents significant challenges for individuals engaged in habitual chewing, with many participants expressing the compounded difficulties associated with cessation.

5. Discussion

The study's data provides essential insights about the characteristics of the study participants and their patterns of khat addiction together with psychological effects and social consequences of khat use and methods that prompt users to quit. Participant statistics demonstrate that the participants' average age matches the previous findings about population-based khat usage during youth primarily among young men in Ethiopia [14, 16].

5.1. Demographic Characteristics and Khat Use

The dominant male composition of research participants who showed different educational levels matches previous findings showing males and disadvantaged socio-economic groups more likely to use khat [9].

Khat consumption behaves strongly with educational background indicating educational programs should become crucial in developing alternative behaviors [14].

5.2. Understanding Khat Addiction

Habitual khat users expressed their understanding about khat through their self-identification as drug users who view khat as an addictive substance and a tool for coping with life. Most study participants realized khat has addictive qualities yet their personal engagement with the drug often undermines their understanding of self-addiction. The discrepancy regarding khat user perceptions exists in multiple research studies since consumers view their drug use as traditional cultural behavior or recreational activity which reduces their perceived need for treatment along with heightening health dangers [8, 2].

The findings from this research-supported the previous works on khat usage by showing social enjoyment and concentration elevation as main reasons [7, 3]. Future intended interventions to reduce adolescent drug initiation should focus on social networks since peer pressure stands as a leading factor for starting khat consumption.

Participants who regularly used khat identified themselves according to these patterns while expressing contradictory attitudes about khat addiction. Most study participants recognized khat's addictive properties yet their lived experiences regularly diminish their personal addiction self-diagnosis. Multiple research studies have documented this inconsistency which causes users to define their consumption habits as either regular cultural behavior or ordinary entertainment prompting complications in treatment methods while increasing health dangers [8, 2, 4].

The findings regarding khat consumption motives presented in this research match previous studies about peer relationships leading individuals to use khat along with cultural acceptance trends [6, 15]. Future targeted interventions to reduce adolescent initiation rates of khat consumption should prioritize peer networks because social pressure now drives new use of this drug substance.

5.3. Psychological and Physical Consequences of Khat Use

Observations of psychological as well as health and social consequences among participants support existing literature which explains multiple harmful khat use outcomes including depression and psychosis (Zyoud et al., 2017; Al'Absi et al., 2021). Studies show khat-related financial hardship causes depressive symptoms as demonstrated by these current findings; this result matches previous documentation of how economic strain aggravates mental health problems in khat users [16, 9].

Participants documented physical health consequences of khat use which include minimized hunger and improved health together supporting knowledge about its harmful effects [8, 10]. The joint physical and mental health risks established the demand for broad-based health promotion campaigns to teach users about khat intake dangers.

5.4. Challenges in Quitting Khat

Several reports including detailed obstacles to stoppage efforts failed to demonstrate the intended objectives of cessation. People face increased complexity in achieving drug abstinence because khat fosters permanent psychological dependency which users employ to regulate their stress and emotional issues [16, 15]. The emergence of withdrawal symptoms and cravings identifies crucial intervention periods but specifies exactly how research should create support networks for khat abstinence efforts [13, 18].

Detectable changes in mood and sleep patterns show similar tendencies to previous findings on khat withdrawal effects that generate mental health issues therefore upcoming treatment approaches need to provide comprehensive treatment of both physical and psychological consequences [2, 11].

This research establishes the fundamental connection between individual khat usage experiences along with environmental influences which produce health-related effects in the study subjects. An ongoing khat user consumption creates substantial public health problems in specific cultural regions which require tailored treatment solutions incorporating education and resources for users attempting to quit their habit to address related economic and medical consequences.

6. Summary and Conclusion

The research analyzes psychological variables alongside demographic characteristics alongside khat usage patterns together with the reason for its addictive nature using a population sample of ten participants. The study includes ten mainly male participants who reached an average age of 35.6 years. These participants provided life experiences that reflect nationwide khat usage behavior among the relevant target groups. The participants demonstrated 11-year khat use patterns on average but their varied levels of education resulted from their socioeconomic conditions.

Many participants comprehended khat addiction well because they used khat to overcome difficult life situations. The attraction to white powder addiction begins through social activities combined with peer pressures thus rendering addiction treatment more complicated to administer. Users documented negative mental and physical khat effects that led to both anxiety and depressive symptoms as well as various health problems that emerged during financial difficulties.

Rationales of psychological dependency for emotional care combined with withdrawal symptoms were identified as major barriers to quitting by participants who recognized their helping ability and desire to stop khat consumption. The complex relationship of addiction stimulates by social economic factors and psychiatric conditions proves to make successful treatment challenging.

The results of this research add to our understanding both of khat use experiences and their associated effects. Khat consumption as a regular practice continues to endanger public health among communities which accept its traditions requiring specific health interventions. The proposed initiatives need to deliver lessons about khat dangers with busting resources and support systems designed to treat physical and mental effects of withdrawal. Future research needs to explore whole-system solutions because they help reduce health problems and socio-economic effects which result from khat addiction so communities can better respond to this issue.

Abbreviations

DSU	Drug and Substance Use
PTSD	Post-traumatic Stress Disorder
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
TB	Tuberculosis
UNODC	United Nations Office on Drugs and Crime

Author Contributions

Yedilfana Adinew is the sole author. The author read and approved the final manuscript.

Conflicts of Interest

The author declares that there are no financial, professional, or personal conflicts of interest that could have influenced the design, execution, analysis, or reporting of this study. This research was conducted independently without funding or support from any organization with a vested interest in the outcomes. All participants provided informed consent, and ethical guidelines were strictly followed to ensure the integrity and confidentiality of the study. The findings and conclusions presented are solely those of the authors.

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