

Khat Use Prevalence and Human Security: Examining the Nexus in Wajir County, Kenya

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ABSTRACT

Wajir County faces persistent human security threats driven by marginalization, terrorism, and poverty, yet limited research links this to rising khat (miraa) use. This study examined the nexus between khat use prevalence and human security in Wajir County, using the Social Learning and Human Security theories within a convergent-parallel mixed-methods design. Data were collected from 398 male adults, 12 Key Informants and eight women's focus groups through questionnaires, interviews, and discussions. Findings show that khat use in Wajir is highly prevalent and normalized, with over half of the respondents reporting long-term use, largely driven by cultural traditions, peer influence, and socio-economic hardship. Early initiation, escalating consumption poly-substance use, and weak community or institutional resistance, were identified as key factors undermining human security by eroding family stability, economic productivity, and community cohesion. Based on the findings, this study concludes that khat use's normalization in Wajir County undermines human security by eroding economic stability, compromising health and personal safety, and weakening community resilience. The study recommends that the County Government of Wajir, NACADA and local NGOs, implement targeted youth mentorship and peer support programmes to mitigate peer pressure and reduce khat abuse, particularly among vulnerable youth. Furthermore, both County and national governments should develop and enforce comprehensive policies to monitor and regulate khat consumption in high prevalence areas such as Wajir North and Wajir South sub-counties.

INTRODUCTION

Human security, as a multidimensional concept, encompasses the protection of individuals from critical and pervasive threats to their well-being, dignity, and survival. It goes beyond traditional notions of state security to include economic, health, environmental, personal, community, and political dimensions (Oumer, 2024). In fragile contexts such as Wajir County, Kenya, human security remains persistently threatened by a complex interplay of socioeconomic, cultural, and political factors. These include marginalization, terrorism, poverty, and weak governance structures (Gudata, 2020). Despite ongoing interventions by state and non-state actors, insecurity continues to undermine development and social cohesion in the region.

While many of these threats have been extensively studied, one underexplored yet increasingly relevant factor is the prevalence of khat (miraa) use (Fiidow, 2022). Khat abuse, though deeply rooted in socio-cultural traditions, has emerged as a subtle but potent contributor to human insecurity, particularly in marginalized regions like Wajir. Globally, khat use is recognized for its cultural significance and psychoactive properties. Kerebih et al. (2016) documented its widespread use across races, religions, genders, and economic classes, estimating that over 10 million people chew khat worldwide. Despite its ubiquity, the global population of khat users remains largely undocumented, complicating efforts to assess its full impact (Fiidow, 2022).

Eligh (2019) emphasized that khat consumption has direct implications for human security and well-being, especially in countries where its use is normalized. In contrast, nations such as the United Kingdom and

Scandinavian countries classify khat as a controlled substance due to its psychoactive effects and potential for abuse (Oumer, 2024). This global dichotomy highlights the complexity of khat's status, celebrated as a cultural stimulant in some regions, yet treated as a public health hazard in others.

In the Arab world and Eastern Africa, khat use is deeply entrenched. Al Shubbar (2024) noted its prevalence in Yemen, Djibouti, and Uganda, where it is consumed in social settings. The habit is rapidly spreading in countries where it was previously uncommon, including Ethiopia, Kenya, and Somalia, particularly among youth aged 18 to 44 (Klein et al., 2012). This demographic shift raises concerns about the long-term implications of khat use on productivity, mental health, and social stability. Ibrahim (2023) warned that the normalization of khat use among youth could lead to generational entrenchment of substance dependency, undermining national development goals and weakening human security.

Statistical evidence underscores the scale of khat use. In Yemen, 80% of individuals aged 15 to 30 chew khat daily (Al Shubbar, 2024). In Djibouti, 81.6% of men and 43.3% of women have reportedly used khat, while in Somaliland, 29.8% of Hargeisa's population chew khat, with 65% spending over seven hours per session. Haile and Lakew (2015) found that Muslims in Ethiopia are 23.8 times more likely to chew khat than Orthodox Christians, and adults aged 45–49 are 3.6 times more likely than those aged 15–19. Gudata (2020) revealed that middle and high-income groups chew khat more than the poor, and rural dwellers are 1.3 times more likely to chew than urban residents. These findings challenge the assumption that khat use is confined to marginalized groups and suggest a broader societal impact.

Globally, khat use is often associated with stimulation and social bonding. Ibrahim (2023) described how khat is consumed during communal gatherings for recreation and heightened interaction. Gudata (2020) noted its perceived benefits, including increased energy, confidence, happiness, and creativity. In Yemen, khat sessions serve as platforms for community discussions and decision-making (Ibrahim, 2023). However, these perceived benefits often mask the underlying risks. Girma and Jabesa (2023) warned of medical complications such as cardiovascular diseases, liver failure, and depression. The duality of khat, as both a cultural stimulant and a health hazard, underscores the need for nuanced policy responses that consider its impact on human security.

In Eastern Africa, khat use has evolved from a cultural practice to a public health and security concern. Countries like Ethiopia, Somalia, and Djibouti have witnessed a surge in khat consumption, particularly among youth. Al Shubbar (2024) emphasized that the habit is spreading rapidly, with significant implications for mental health and social cohesion. The stimulant effects of khat are often exploited during cultural events such as weddings, circumcisions, and community meetings, where it is used to enhance performance and concentration (Girma & Jabesa, 2023). However, this normalization has led to increased dependency and reduced productivity, threatening individual and collective well-being.

The socio-economic profile of khat users is diverse. Gudata (2020) found that professionals in agriculture, sales, and service sectors chew khat 1.3 to 2.4 times more than the unemployed. Educated individuals also show higher prevalence than their uneducated counterparts (Haile & Lakew, 2015). These findings suggest that khat use cuts across various social strata, complicating intervention strategies. Often rationalized as a coping mechanism for stress, fatigue, and social pressure, khat use becomes a normalized behavior that undermines human security by eroding resilience and social responsibility.

Despite its cultural acceptance, khat use poses significant threats to human security. Fiidow (2022) linked khat use to other risky behaviors such as smoking and alcohol consumption, which contribute to social exclusion, family instability, and economic strain. AlShoabi (2022) reported that khat consumption often leads to neglect of family responsibilities, financial conflicts, and marital discord. Omare (2020) argued that such disruptions threaten the socio-cultural fabric of communities, leading to increased vulnerability and insecurity.

The regional implications of khat use extend to governance and law enforcement. Ibrahim (2023) noted that clan elders and judges sometimes use khat during dispute resolution, potentially impairing judgment and fairness. This undermines institutional integrity and public trust. Girma and Jabesa (2023) emphasized that the

health complications associated with khat use, such as depression and impotence, can erode individual well-being and societal resilience. These findings highlight the urgent need for multi-sectoral interventions that address both the cultural and security dimensions of khat use.

In Kenya, khat use is a growing concern, particularly in northern regions like Wajir County. Despite efforts by state and non-state actors, human security threats persist, exacerbated by the prevalence of khat use among men. ACLED (2023) reported that Al-Shabaab militants exploit khat as a recruitment tool and source of operational support, especially among disillusioned youth. The psychoactive effects of khat, such as heightened aggression and impaired judgment, have been observed among users in Wajir, contributing to community instability and vulnerability.

The socio-economic impact of khat use in Wajir is profound. Men, who are key stakeholders in community and national security, often spend significant time and resources on khat sessions, neglecting family and civic responsibilities. This undermines household stability and economic productivity. The stimulant's addictive nature leads to dependency, reducing individual agency and increasing susceptibility to radicalization. Without targeted interventions, the cycle of substance abuse and insecurity is likely to persist.

Current control measures in Wajir have had limited success. While awareness campaigns and law enforcement efforts exist, they often lack empirical grounding and community engagement. The absence of reliable data on khat use prevalence hampers effective policy formulation. As a result, interventions remain reactive rather than preventive. There is a pressing need for evidence-based strategies that address the root causes of khat use abuse and its link to human security.

This study sought to fill these gaps by examining the linkage between khat use prevalence and human security in Wajir County. By focusing on khat use as an underexplored threat, the research aims to inform targeted interventions that enhance individual and community resilience, reduce vulnerability, and promote sustainable peace and development in Wajir and similar contexts.

Problem Statement

Ideally, holistic human security in Wajir County, anchored in economic stability, community cohesion, and personal safety, remains a critical expectation for local populations. The County faces persistent vulnerabilities that undermine this vision, particularly the widespread use of khat among young men. As key pillars of both community and national security, the youth are expected to contribute to constructive and economically productive roles. However, rising khat consumption diverts their energy and resources, eroding household stability, weakening community structures, and exposing the County to broader security risks. A secure Wajir, would therefore be one where khat abuse is curbed, households remain economically resilient, and interventions are locally grounded, data-driven, and responsive to the needs of the community.

Despite intervention efforts, Wajir County continues to experience persistent human security threats, many of which are exacerbated by khat abuse. The Armed Conflict Location & Event Data Project (ACLED, 2023) reports that extremist groups such as Al-Shabaab exploit khat for recruitment and operational support, particularly among disillusioned youth. Psychoactive effects, including heightened aggression and impaired judgment, are commonly observed among khat users. Awale and Ali (2018) documented a 72% prevalence rate of khat use among Ethiopian families residing near the Kenya border, indicating widespread normalization of the substance. This entrenched behavior undermines community resilience, increases susceptibility to radicalization, and erodes the broader framework of human security.

Although several studies have explored khat use prevalence, few have directly linked it to human security in Wajir. Gudata (2020) examined khat culture and economic well-being in Ethiopia, while Kassa et al. (2017) focused on academic performance. Awale and Ali (2018) addressed economic challenges in Somalia, and Mohamed (2020) assessed youth well-being in Nairobi. However, none of these studies incorporated khat's

role in drug trafficking or terrorism. This study seeks to fill these critical gaps by examining the linkage between khat use prevalence and security in Wajir County.

Study Purpose

The purpose of the study is to examine the linkage between khat use prevalence and human security in Wajir County.

LITERATURE REVIEW

Empirical Literature Review

Related empirical studies have been undertaken on influence of khat use prevalence on human security. For example, in Ethiopia, Gudata (2020) studied on the khat culture and economic well-being through comparison of users and non-users' families. The survey research method was utilized with 233 participants identified using cluster sampling technique. Interviews, in-depth interviews and non-participant observation were adopted for data collection. The findings revealed that the prevalence of khat use among the users' families was at 72%. The study was in Ethiopia a setting with different cultural and socio-economic conditions from those in Wajir, thereby presenting a contextual gap that this study addressed. Moreover, it was primarily a comparative study, which created a conceptual gap that the current study sought to fill.

Another study in Ethiopia, by Kassa et al. (2017) studied on the prevalence of khat use and the effect on the academic performance in Sidane zone. The research employed cross-sectional design where stratified sampling technique was used to select a sample of 1,577 participants. Data collection utilized self-administered questionnaires and Statistical Package for Social Sciences (SPSS) version 20 software. To determine the prevalence levels, descriptive statistics and logistic regression models were used. The results revealed that the lifetime and current prevalence for khat use were 14.6% and 13% respectively. Prevalence of khat use was associated with poor academic performance among the learners in the region. This study was conducted in Ethiopia and among students and this presents a contextual gap. The relationship between khat use and academic performance also presents a conceptual gap. While previous studies have focused on Ethiopia, the current study situated in Wajir County, highlighting a contextual gap.

In Somalia, Awale and Ali (2018) conducted a study on the social and economic challenges related to usage of khat in Mogadishu, Somalia. The targeted population comprised of about 120,000 individuals. The study employed cross-sectional design to support the selection of 383 participants who were involved in face-to-face interviews. Systematic random and cluster sampling techniques were adopted in selecting the sample size. SPSS was used in the descriptive statistics analysis of data. The results established that on average, the overall prevalence of khat use was at 72% among the youth population. The study focused on the economic challenges of khat use, representing a conceptual gap. While that research was conducted in Mogadishu, Somalia the current study is situated in Wajir County, highlighting a contextual gap.

In Kenya, Mohamed (2020) examined factors, awareness and prevalence of khat use on well-being of youths in Eastleigh, Nairobi, Kenya. This study was supported by the social Learning theory and Reference Group theories. Survey research method anchored the study where data was gathered using questionnaires from a sample size of 390 participants. Descriptive analysis techniques were adopted for analyzing quantitative data while content analysis was employed for qualitative data. It was established that the prevalence of khat use was at 70% of the youths in Eastleigh, Nairobi. Whereas the study focused on Eastleigh Nairobi with urban conditions, the current study is situated in Wajir County, creating a contextual gap. Also, the human security component of the practice of use of khat was not studied, thereby presenting a conceptual gap, also filled by the current study.

The reviewed empirical literature underscores the widespread prevalence of khat use across various regions, yet reveals significant contextual and conceptual gaps in understanding its influence on human security,

particularly in Wajir County. While studies in Ethiopia, Somalia, and Nairobi have explored economic, academic, and social dimensions of khat use, none have directly examined its implications on human security, defined broadly to include health, livelihoods, safety, and community stability. These gaps highlight the need for localized research in Wajir County that integrates khat prevalence with human security indicators. Such a study would offer nuanced insights into how khat use affects individual well-being and societal resilience in northern Kenya.

THEORETICAL FRAMEWORK

This study was grounded in two complementary theoretical frameworks: Social Learning Theory (SLT) and Human Security Theory (HST), each offering distinct yet interrelated insights into the phenomenon of khat use and its implications for human security in Wajir County.

SLT, developed by Bandura in 1963 (Bandura & Evans, 2006), posits that behavior is acquired through observation, imitation, and modeling within natural social environments. Learning, according to Bandura (2014), is a cognitive process shaped by environmental cues and vicarious reinforcement, rather than direct behavioral conditioning. Individuals, both young and old, internalize behaviors by observing others and interpreting their social and cultural contexts. In the case of khat use prevalence, SLT explains how individuals—particularly in khat-producing or retailing regions—associate the practice with social prestige and economic success, reinforcing its normalization (Omar, 2021). Family influence and community norms play a pivotal role in perpetuating the habit, which, once ingrained, carries significant socio-economic, cultural, and human security consequences.

SLT was instrumental to this study in explaining the onset and reinforcement of khat abuse through learned behavior. It illuminated the role of environmental and peer influences, thereby informing potential intervention strategies. However, SLT's limitations lie in its weak predictive capacity regarding broader human security outcomes such as community resilience, violence, and radicalization. To address this gap, the study was also anchored in Human Security Theory (HST).

HST, conceptualized by the United Nations Development Programme (UNDP, 1994), expands the definition of security beyond military concerns to include seven dimensions: economic, food, health, environmental, personal, community, and political security. It emphasizes people-centered approaches that protect and empower individuals against threats to their well-being and dignity. HST provided a robust framework for this study to examine khat use prevalence not merely as a behavioral or health issue, but as a multidimensional threat to sustainable development and human security in Wajir County, Kenya.

METHODOLOGY

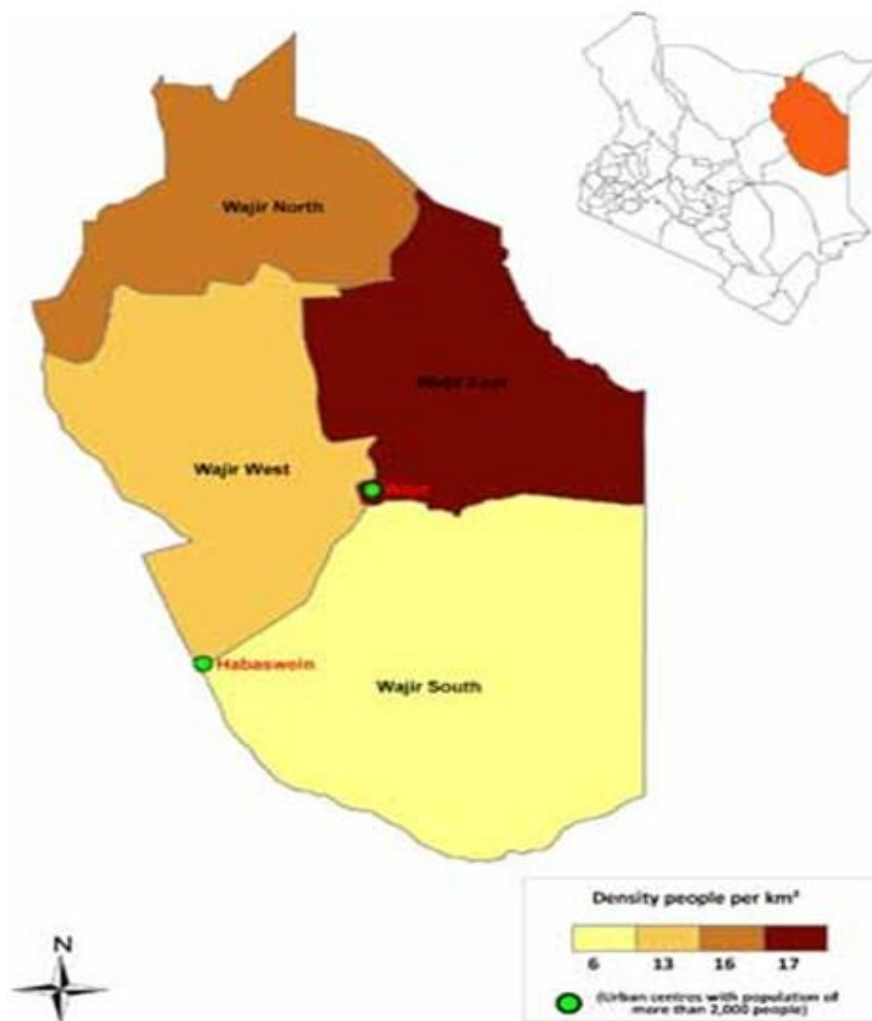
Research Design

The study employed a mixed methods approach and the convergent-parallel research design, a mixed methods approach where quantitative and qualitative data are collected and analyzed separately but concurrently, then merged to provide a comprehensive understanding of a phenomenon (Creswell & Creswell, 2018). This design was crucial in studying the nexus between khat use and human security in Wajir County, Kenya, as it allowed the researcher to quantify patterns of khat use and its correlation with human security incidents, while also capturing nuanced community perceptions, cultural dynamics, and lived experiences through qualitative inquiry. The integration of both data types enriched interpretation and supported more informed policy recommendations.

Study Area

The research was confined in Wajir County in the Republic of Kenya and specifically in Wajir North and Wajir South sub counties. Wajir North borders Ethiopia and Wajir South borders Somalia. Both sub-counties are prone to insecurity, and drug and substance abuse related issues.

Figure 1 presents the map of the study area.



The proximity to the two external borders created a greater interaction between the locals of the two sub-counties and the neighbouring communities of Ethiopia and Somalia, hence the choice for conducting the study in these two sub counties. Additionally, the two sub-counties lead in terms of the population of khat users (Hassan et al., 2021). The economy of Wajir County is predominantly pastoralist, with over 70% of residents engaged in livestock rearing. Small-scale farming and trade supplement livelihoods, especially in urban centers like Wajir Town and Habaswein (County Government of Wajir, 2023).

The county has a youthful population, with over 60% under the age of 25 years. Literacy levels remain low, especially among women, and the population density averages 14 persons per square kilometer (Kenya National Bureau of Statistics [KNBS], 2022; County Government of Wajir, 2023). Wajir North and South border Ethiopia and Somalia, fostering cultural and economic exchange. This proximity increases khat availability and social acceptance, influencing consumption patterns in these sub-counties (Maarifa Centre, 2024). Wajir North and South sub counties are leading in khat use prevalence, driven by unemployment, peer pressure, and cross-border supply routes. These areas were selected for study due to their high concentration of khat users (Hassan et al., 2021).

Target Population and Sample Size

Target Population

The target population of this study was all the 408,573 male adult population in Wajir County. Others were 12 clan elders, human security officers and religion leaders in the County (KNBS, 2019).

Sample Size

A sample size of 398 respondents was determined using the Yamane formula. Additionally, 12 clan elders, human security officers and religious leaders were purposively selected for the study Key Informant Interviews (KIIs). Lastly, FGDs had 8 women participants. Table 1 presents distribution of population and sample size of the study.

Table 1: Population and sample size distribution

Sub-County	Population of khat users	Sample Size	KII and FGD Guides	Sample size
Wajir South	31,990	133	Clan Elders	5
Wajir North	64,947	265	Human security Officers	3
	96,937		Religious leaders	4
			FGD for 8 women	8
Total		398		16

Instrumentation

This study employed three primary data collection instruments: a semi-structured questionnaire, a KII guide and a FGD guide. These tools enabled collection of both quantitative and qualitative data in line with the mixed methods approach adopted by the study. The questionnaires targeted male adult khat users, while the KII guide was used with clan elders, religious leaders and human security officers. The FGD guide was applied on women-only FGDs. In addition, document analysis was conducted to collect secondary data for the study.

Validity and Reliability of Instruments

To achieve validity, the study employed triangulation of data sources by using questionnaires, KII guide and FGD guide to collect primary data, and document analysis to collect secondary data. With the assistance of the Supervisors, the researcher constructed the data collection tool ensuring that all the study variables in the objectives were factored. Furthermore, the research assistants were trained on the content and use of the tools.

Reliability, on the other hand, was attained by conducting a pilot study in Wajir East Sub-County with almost similar characteristics as the research site. The outcome of the pilot study was used to refine the tools and the data obtained was not used in the actual study in Wajir North and Wajir South. Inspection of the stability of responses from multiple coders of various data sets was also obtained from the field. It was also enhanced through detailed field notes from the researcher and research assistants where recording and transcription of collected data was undertaken.

Data Analysis

The data collected was both quantitative and qualitative. As such, quantitatively generated data was analyzed through descriptive analysis with the help of SPSS version 27 software. The data in form of percentages, mean and standard deviations was generated, and presented in statistical tables and graphs. The qualitative data was analyzed using thematic analysis and presented in narrative and verbatim formats. In the case of both quantitative and qualitative secondary data, content analysis was employed, and presented accordingly.

FINDINGS AND DISCUSSION

Findings

The respondents were asked to share their views on the effects of khat use prevalence on human security in Wajir County. Khat use prevalence was measured using five-point Likert scale, where: 1 - Strongly Disagree

(SD), 2 - Disagree (D), 3 - Neutral (N). 4 - Agree (A), 5 - Strongly Agree (SA). The results, presented as percentages, means and Standard Deviations (SD), are as shown in Table 2.

Table 2 Prevalence of Khat use in Wajir County

Prevalence of Khat use	SD (%)	D (%)	N (%)	A (%)	SA (%)	Mean	SD
I have chewed khat for the last five years	39	8	2	36	15	2.81	1.599
I have chewed khat since a young age	19	32	5	30	14	2.86	1.392
My peers introduced me to khat use	22	20	16	21	21	3.00	1.459
I now chew khat more than when I started	26	23	15	17	19	2.78	1.469
I chew more khat now due to addiction	35	18	15	18	14	2.56	1.459
Apart from khat I consume tobacco and other substances	37	21	13	14	15	2.50	1.478
Composite						2.75	1.48

The statement “I have chewed khat for the last five years” on Table 4.4, was affirmed by a total of 51%, (36% agreed; 15% strongly agreed). The findings show that majority of respondents are long-term users of khat. Despite 39% strongly disagreeing and 8% disagreeing, the high prevalence suggests that habitual consumption is common and widely normalized. This normalization was a recurring theme in qualitative data. One of the KII participants attributed this acceptance to a lack of social consequence and its role as a coping mechanism. He observed that, “Khat is widely accepted because no strong community opposition exists, and its availability makes it an easy escape from poverty, stress, and idleness” (KII/CE1). This sentiment was echoed by the women in FGDs who described khat use as a normalized behavior rooted in cultural tradition, peer pressure, and perceived social benefits, particularly among the unemployed. For instance, one participant observed that;

Khat use is just a normal part of our culture. There is so much pressure from friends to join in, and for many people, especially those who are unemployed and idle, it feels like a way to stay social and connected (FGD/P2).

This social acceptance is further cemented by what religious leaders described as a vacuum of moral opposition, noting that the habit has become embedded in daily life with little resistance from faith communities. The convergence of these factors, cultural tradition, peer influence, and a lack of social or spiritual sanction, creates a powerful cycle that sustains the high prevalence rates and makes any intervention exceptionally difficult. These findings are consistent with those of Mohamed (2020) and Gudata (2020), who reported prevalence rates of 70% and 72% in similar contexts, underscoring the urgent need for targeted interventions.

Early exposure is a significant factor, with 44% of respondents (30% agreed; 14% strongly agreed) affirming the statement “I have chewed khat since a young age.” While a slight majority, 51% (19% strongly disagreed; 14% disagreed) disagreed, indicating varied initiation ages, the figure reveals that nearly half the users are introduced to the habit early, creating a long-term dependency risk. This finding supports research by Klein et al. (2012), who documented that peak khat use occurs between the ages of 18–44 in Eastern African youth populations. This early initiation is not happening in a vacuum; it is often nurtured within the very fabric of the household, where the habit is normalized. The study's qualitative findings reveal a pattern of inter-generational transmission, with respondents admitting to use in the presence of their family and even “infecting” other family members with the habit. This directly illustrates the Social Learning Theory in action, where children and adolescents learn through observation, modeling the behavior of parents and older relatives who present khat use as an acceptable part of daily life (Gudata, 2020). This familial normalization effectively dismantles any potential barriers to entry, predisposing youth to addiction and creating a self-perpetuating cycle that feeds the epidemic.

Peer networks were identified as a key driver of initiation. For the statement “My peers introduced me to khat use,” 42% of respondents agreed (21% agreed; 21% strongly agreed). An equal 42% (22% strongly disagreed; 20% disagreed), suggesting that while peer pressure is a powerful influence, it is not a universal pathway. This aligns with the study of Mohamed (2020), who identified social learning and reference groups as critical drivers of khat uptake among youth in Nairobi. The influence of these peer networks is magnified by the widespread youth unemployment and idleness that characterizes Wajir County. For many young men without formal work or educational opportunities, the day is long and unstructured. As one clan elder, a KII participant observed, “khat becomes an easy escape from poverty, stress, and idleness” (KII3/CE2). In this context, khat dens evolve into primary social centers, providing a venue for companionship and a sense of belonging. Within these groups, the act of use is not merely an individual pastime but the central, unifying social ritual. The pressure to conform is immense, as participation signals inclusion and solidarity. This environment fosters a collective normalization of the habit, where the shared experience of use builds social bonds and reinforces the behavior, making it incredibly difficult for an individual to abstain without risking social isolation.

Once initiated, consumption often escalates. The statement “I now chew khat more than when I started” saw 36% agreeing to it (17% agreed, 19% strongly agreed). However, a larger portion (49%) (26% strongly disagreed; 23% disagreed), indicating that while progression is common, it is not a uniform experience for all users. These findings on escalating use reflect research by Awale and Sheikh (2018), who linked prolonged use to a significant increase in consumption and dependency among Somali youth.

This pattern of escalating use is frequently propelled by the classic cycle of tolerance and addiction, even if users themselves are reluctant to apply that label. While 36% of users reported increased consumption, a slightly smaller group of 32% explicitly attributed this increase to addiction. This suggests a critical psychological barrier: users may recognize their escalating behavior but resist framing it as a loss of control or dependency. This disconnect was highlighted by human security officers, who were interviewed, and who from an external viewpoint, identified the powerful combination of addiction and economic reliance as a key factor eroding social safeguards. This denial or lack of self-awareness is a significant obstacle, as individuals who do not perceive themselves as dependent are highly unlikely to seek help, allowing the cycle of escalation to continue unchecked.

Notably, while many users increase their consumption, fewer attributed it directly to addiction. For the statement, “I chew more khat now due to addiction”, only 32% agreed (18% agreed, 14% strongly agreed), while 53% (35% strongly disagreed; 18% disagreed) rejected the link. This suggests a potential disconnect between the behavior of dependency and the self-perception of being an addict. A human security officer, in a KII, provided context for this, explaining that the issue was deeply tied to broader socio-economic failures. He noted that, “Addiction and economic reliance have eroded social safeguards, pointing to unemployment and poor enforcement as key factors sustaining normalization and threatening human security” (KII/CE3). This corresponds with findings from Haile et al. (2015), who found a higher prevalence of dependency among older and more educated users in Ethiopia. This psychological denial is further complicated by the pattern of poly-substance use reported by 29% of respondents. For this group, khat was consumed alongside tobacco and other substances, which can blur the lines of dependency and allow users to frame their khat habit as a relatively benign social custom in comparison to more stigmatized drugs. This reluctance to self-identify as an addict is also reinforced by what religious leaders described as a collapse of spiritual and moral accountability within the community. In an environment where there was little moral resistance to the habit, admitting to addiction carries a weight of personal failure that many are unwilling to confront. This collective denial is a significant barrier to intervention, as individuals who do not acknowledge their dependency are the least likely to seek help, ensuring that the cycle of harm continues unabated.

Lastly, the study explored poly-substance use. The statement “Apart from khat I consume tobacco and other substances” saw 29% of the respondents in agreement (14% agreed, 15% strongly agreed), indicating a concerning but minority overlap with other substances. The majority, 58% (37% strongly disagreed; 21%

disagreed) reported consuming only khat. This pattern of poly-substance use supports Ibrahim (2023), who noted khat's association with heightened stimulation and its use alongside other substances in social settings. This normalization was lamented by a religious leader during an interview, who highlighted a broader breakdown in community values, "Khat use has become embedded in everyday life with little moral resistance from faith communities" (KII/CE4). This finding is particularly alarming from a human security perspective. Human security officers on the ground do not view khat in isolation but as a critical gateway substance that is directly linked to rising human security issues. One human security officer in a KII, specifically called for, "cracking down on drug dens" (KII/CE2), which often serve as hubs not only for khat consumption but for the use and trafficking of other illicit substances. This dangerous convergence of multiple drugs in unregulated social spaces is enabled by the very breakdown in community values lamented by religious leaders. The absence of strong moral or social sanction creates a permissive environment where these dens can flourish, transforming a public health issue of poly-substance use into a direct and organized human security threat that validates the most serious concerns of law enforcement.

Discussions

The findings of the current study affirm that khat use is a deeply entrenched and normalized practice in Wajir County, with 51% of respondents confirming long-term use. This aligns with Mohamed (2020), who found a 70% prevalence among youth in Eastleigh, Nairobi, suggesting that khat use is widespread in urban and semi-urban Kenyan settings. The normalization of khat use in Wajir is driven by cultural tradition, peer pressure, and socio-economic hardship, particularly unemployment and poverty. These drivers mirror those identified by Awale and Ali (2018) in Mogadishu, Somalia, where khat was used as a coping mechanism among youth facing economic challenges. The early exposure reported by 44% of users in Wajir and peer influence at 42% reflect patterns observed in Kassa et al. (2017), who found that khat use among Ethiopian students was linked to social environments and academic stress. These parallels reinforce the notion that khat use is not merely a personal choice but a socially reinforced behavior rooted in structural vulnerabilities.

The escalation in use (36%) and addiction (32%) reported in Wajir County suggest a progression from casual use to dependency, a trend also noted by Gudata (2020), who found that 72% of khat-use families in Ethiopia experienced economic strain and diminished well-being. The presence of poly-substance uses among 29% of respondents, though contested by 58%, raises concerns about broader drug habits and their implications for public health and security. This finding partially supports Awale and Ali (2018), who documented psychological effects such as depression and anxiety among khat users. However, the Wajir study goes further by linking these effects to human security threats, including family breakdown and community instability. The weak enabling environment, marked by poor enforcement and limited moral resistance, echoes the regulatory gaps highlighted by Mohamed (2020), who noted that despite high prevalence, there were few effective control measures in Nairobi. This suggests that khat use thrives in contexts where institutional oversight is weak and socio-economic hardship is pervasive.

Despite the valuable insights offered by previous studies, significant gaps remain. Most notably, none of the reviewed literature, Gudata (2020), Kassa et al. (2017), Awale and Ali (2018), or Mohamed (2020), explicitly examined the socio-economic effects of khat use through the lens of human security. Their focus on economic, academic, and psychological impacts, while important, fails to capture the multidimensional threats posed by khat use to health, livelihoods, and community cohesion. The current study addresses this conceptual gap by applying Human Security Theory (UNDP, 1994), which emphasizes the protection and empowerment of individuals across seven dimensions: economic, food, health, environmental, personal, community, and political. By situating khat use within this framework, the study reveals how the practice undermines economic productivity, erodes family structures, and fuels social fragmentation in Wajir County. These findings underscore the urgent need for localized, multi-sectoral interventions that address both the behavioral and structural dimensions of khat abuse.

CONCLUSION

The study concludes that khat use's normalization in Wajir County undermines human security by eroding economic stability, compromising health and personal safety, and weakening community resilience. These impacts heighten vulnerability to radicalization, disrupt livelihoods, and diminish the capacity of individuals and institutions to sustain peace and development.

RECOMMENDATIONS

Based on the findings and conclusion, the study recommends that to address the increasing linkage between khat use and human security in Wajir County, targeted youth mentorship and peer support programmes should be implemented by County Government of Wajir, NACADA and local NGOs. This is a practice-oriented strategy that is expected to reduce the influence of peer pressure particularly among idle or unemployed youth who are most vulnerable to khat abuse culture. On the policy front, the Government, both County and National, should prioritize the development of comprehensive policies that monitor and regulate khat consumption, especially in areas with high prevalence, such as Wajir North and Wajir South.

REFERENCES

1. ACLED. (2023). Armed Conflict Location and Event Data Project. <https://acleddata.com/>
2. Al Shubbar, A. (2024). Khat use trends in Eastern Africa and the Arab world. *Journal of Substance Use and Cultural Practices*, 18(1), 45–62.
3. AlShoabi, M. (2022). Family disruption and khat consumption: A socio-cultural analysis. *African Journal of Social Research*, 14(3), 112–128.
4. Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approach* (5th ed.). SAGE Publications.
5. Eligh, J. (2019). Drug use and human security: Global perspectives. Global Initiative Against Transnational Organized Crime. <https://globalinitiative.net/analysis/drugs-human-security/>
6. Fiidow, A. (2022). Social exclusion and substance abuse in East Africa. *East African Journal of Public Health*, 9(2), 77–89.
7. Girma, T., & Jabesa, D. (2023). Cultural functions and health risks of khat use in Ethiopia. *Ethiopian Journal of Health and Society*, 11(1), 33–49.
8. Gudata, H. (2020). Socioeconomic determinants of khat use in Ethiopia. *Journal of African Drug Studies*, 7(2), 101–118.
9. Haile, D., & Lakew, Y. (2015). Prevalence and correlates of khat use among Ethiopian adults. *BMC Public Health*, 15, 346. <https://doi.org/10.1186/s12889-015-1699-0>
10. Ibrahim, M. (2023). Khat use and communal practices in Yemen: A cultural perspective. *Middle Eastern Journal of Cultural Studies*, 10(4), 205–221.
11. Kassa, A., Wakgari, N., & Tadesse, F. (2017). Khat use and academic performance among Ethiopian students. *Substance Abuse Treatment, Prevention, and Policy*, 12(1), 1–8. <https://doi.org/10.1186/s13011-017-0092-0>
12. Kerebih, H., Soboka, M., & Tarekegn, M. (2016). Khat use and its associated factors among university staff in Ethiopia. *Substance Abuse: Research and Treatment*, 10, 1–7. <https://doi.org/10.4137/SART.S39693>
13. Klein, A., Beckerleg, S., Hailu, D., & Alpers, M. (2012). Khat use and youth in East Africa: Patterns and implications. *Journal of Ethnopharmacology*, 132(3), 540–546. <https://doi.org/10.1016/j.jep.2010.11.046>
14. Mohamed, A. (2020). Youth well-being and khat use in Nairobi: A public health concern. *Nairobi Journal of Urban Health*, 5(1), 23–39.
15. NACADA. (2021). National survey on the status of drug and substance abuse in Kenya. National Authority for the Campaign Against Alcohol and Drug Abuse. <https://nacada.go.ke/>

16. Omare, J. (2020). Socio-cultural threats of khat use in Kenya. *Kenya Journal of Social Development*, 8(2), 88–104.
17. Oumer, M. (2024). Legal status of khat in Europe and Africa: A comparative review. *International Journal of Drug Policy*, 35(1), 15–29.
18. UNDP. (1994). Human development report 1994: New dimensions of human security. United Nations Development Programme. <https://hdr.undp.org/content/human-development-report-1994>
19. UNODC. (2020). World drug report 2020. United Nations Office on Drugs and Crime. <https://www.unodc.org/unodc/en/data-and-analysis/wdr2020.html>
20. WHO. (2022). Mental health and substance abuse prevention: Global strategy. World Health Organization. <https://www.who.int/publications/i/item/9789240051239>