

Qualitative Study of a Background of Drug Use among Women in Yazd

Hossein Afrasiabi ^{a*}, Nasrin Farhani ^a

^a School of Social Sciences, Yazd University, Yazd, Iran.

ARTICLE INFO

ORIGINAL ARTICLE

Article History:

Received: 15 Mar 2017

Revised: 10 Apr 2017

Accepted: 17 May 2017

*Corresponding Author:

Hossein Afrasiabi

Email:

hafraziabi@yazd.ac.ir

Tel: +98 9173050795

Citation:

Afrasiabi H, Farhani N.
Qualitative Study of a
Background of Drug Use
among Women in Yazd. Social
Behavior Research & Health
(SBRH). 2017; 1(1): 27-35.

ABSTRACT

Background: Drug addiction is a social problem, which, until recently, was considered specifically for men; however, drug addiction also affects women. The aim of this study was to identify the backgrounds for addiction in women and how they deal with it.

Methods: This research was conducted using qualitative research through interviews. For this purpose, 51 addicted women, from two rehabilitation centers in Yazd, were selected through purposeful sampling and semi-structured interviews, and the resultant observations were used for data collection. Data from the interviews were analysed using coding theory.

Results: In the open coding Step 53, concepts were collected that were combined in the form of five major issues. Results show that the family condition is the most important factor that results in addiction among women. Friendly interactions and weaknesses in life skills are the conditions that lead to drug use among women. Breaking down of social relationships and job deviations are the consequences of addiction in women.

Conclusion: woman drug use mostly affected by intimate relationships in family and friends. Social care systems should be developed for families with drug use persons to preventing family member's involvement.

Keywords: Addiction, Women, Family, Qualitative, Drugs

Introduction

Drug addiction is a complex phenomenon that is affecting different communities and groups, and has widely spread across different countries. This social interaction has swept through sex and age boundaries, and spreads to more men and women each year. Although addiction in men is more frequently observed than women, the rate of addiction among women has risen for different reasons.¹ Statistics show that women and girls are getting closer to the frequency of drug usage observed in men as the ratio of male drug users to female drug users has moved from 30:1 to 3:1 in the past two decades.² According to statistical reports of welfare organizations in the past years, 2% to 6% of patients in rehabilitation centers are women.³ Today, the equity of men and women in society, the movement away from a traditional lifestyle and civilization, and women's employment outside their homes has led to more interaction between men and women, and therefore, women like men, are more prone to social phenomena including drug addiction.⁴

Drug use leads to some of the most severe social, economical, and health problems, and its physical and spiritual consequences are considered as serious threats to human beings.⁵ As addiction destabilizes the spiritual, psychological, moral, and social bases of the family and the community, and leads to harmful behaviors such as tensions in family roles, vagrancy, begging, the exercise of deviant behavior, it is considered a social issue.³ Not only does drug abuse affect the individual, it is an important social issue on the basis of its negative consequences. The issue of drug addiction is one of the major factors behind family problems and degradations in the individual and the community's health; it carries a large cost for the country.⁶ Millions of people, who would have been potentially active in the development, production, and the social welfare of the society and themselves, become involved in the production, distribution, and consumption of drugs, which leads to nothing but corruption. Families are torn apart, talents wither, emotions are destroyed,

forces are lost, and trust and reputation are undermined.⁷ Yet, drug use among women is associated with psychological and social-economical factors including experiencing aggression, poverty, and the lack of laws to protect major human rights. Women's dependence on drugs not only damages their health, but also affects the health of their children and the other family members.⁸ As women have the primary role in safeguarding the health of their family members, the health of the society is highly affected by the health of mothers. Addicted women are more vulnerable than addicted men as drug use in women often is followed by other social problems such as running away from home, rape, and poverty. In addition, when a woman becomes addicted, her children and her family are also affected.⁹ Studies on addiction in women are rare; most studies concentrate on men. The interpretation and meaning of addiction, and its characteristics from the perspectives of women who have experienced it, are important issues that have not been completely studied. This study has an interpretational approach and tries to study the interpretation of addicted women about addiction and the backgrounds of its formation.

Methods

This study was conducted with a qualitative approach and a thematic analysis. In this strategy, data collection and analysis are in close connection with each other. In this study, the process of data collection and analysis was performed simultaneously. To collect data, semi-structured interviews were used. The population of the study included addicted women were referred to drug rehabilitation centers or outpatient medical centers, out of which, 52 individuals were chosen as samples. Theoretical and purposeful sampling was used to choose the participants of the sample for research. This means that by using purposive sampling, addicted women, who were most cooperative and had more available information for the researcher, were selected as samples. On the



basis of theoretical sampling starting with the first interview, concepts and categories were extracted; after about 40 interviews, theoretical saturation was almost reached. This means that after several interviews, the atmosphere was saturated with conceptual research questions and the answers of various participants seemed repetitive or similar. For the sake of certainty, however, the interviews of the fifty-two individuals were continued. The researcher communicated with participants and tried to satisfy them to cooperate in several follows. The research goals and nature were then explained and participants were ensured about confidentiality and anonymity of the information. Interviews were later conducted and a large amount of data was gathered through interview and notes were taken. During the interview, he took notes. The interviews conducted in this study were carried out for at least 45 minutes and up to 70 minutes. In several stages of more than half of the interviews, frequent references to the centers were made. To analyse the data, open, axial, and selective coding were used. Open coding is the process of crushing, comparing, conceptualization, and categorization. Axial coding are the sequences of coding procedures that are opened to establish the link between the categories of information in a new ways.⁴ Selective coding is the process to systematically select major categories and its relation to other categories, to validate relationships, and to fill in the blanks for issues that need to be modified and expanded.¹⁰

Results

Among interviews in the open coding, the axial coding, and the selective coding stages, 58, 21, and 4 primary concepts were obtained (Table 1).

Family background for addiction

An analysis of the findings from the interviews suggests that the most important factors underlying addiction involve the 'family', the family that women were born in or the new family they have formed or entered. This kind of family forms a condition that cannot solve her problems, but in

addition, the family itself becomes an issue. Individuals, therefore, resort to drug use in order to become free of their consequences and problems. Most of the interviewed women grew up in families in which one or more than one family member used drugs; often the user was the father, and in other cases, both parents simultaneously used drugs. Some women had addicted sisters or brothers with whom they used drugs together. It is worth mentioning that men who were in a relationship with these women (permanently or temporarily) were drug users as well.

Samira, a 15-year-old girl who smoked heavily while talking, said:

I started using drugs at a very young age. I have been addicted to heroin for almost 10 years now. My mother was a user and we used to live in the basement, and when my mother started smoking drugs, the atmosphere became heavy and I could not breathe. Its smell bothered me and my mother gave some to me to smoke.

29-year-old Fahimeh talked in a way which seemed happy; she laughed while talking and looked comfortable—but the sadness could be distinguished from her looks. She said:

My husband made me an addict. First, he took me to coffee houses and gave me cigars—my mouth froze. He made me an addict because I fought with him to stop him from smoking. He hit me and then gave me some drugs to relax. He stabbed me in my foot in a fight and then gave me drugs to smoke while healing until I became addicted. Then he tied my hands for two to three days so that my body would need the drug and I could not quit.

Fatemeh is a 15-year-old girl who was isolated and sat alone, and did not talk to anyone; she had been addicted to heroin and methamphetamine for three years. She said:

My parents used to fight all the time. My mother used to fight and yell at my father, urging him to quit. My mother left us and never came back. She became tired.

Friendly connections

Friendly connections and interactions with

addicts can be effective factors influencing women's addiction. Friends, after family, are the second most important factor influencing the formation of character in a person as an individual is considered as a member of a group of friends only when she accepts their norms and values, and behaves like them. It is clear that not all people join friend groups in order to become addicted, but a group uses a mechanism to integrate and unite its members so that participate or leave the group. Insistence on drug use, style of group use (unit which members sit and use one by one), teasing the ones who avoid using drugs or calling them 'chickens, Baby Mamas, perfect guys, etc.' are some of these mechanisms .

Zahra is a 17-year-old girl who has been addicted for 6 months and she has started just for pleasure. Zahra said:

My friend invited me to a party and they were all drinking and smoking methamphetamine. I did not want to be left out so that they could call me a 'chicken' or a 'coward'. I wanted to show them that I had no fear and I am in—so I smoked with them and became an addict.

Tayyeb, a 47-year-old woman, who has been an addict to methamphetamine for the last 10 years, said:

I had addicted friends and communicated with them. At first, when they wanted to smoke I left the place; but when I started staying with them, I gradually became curious to see what it feels like, and I became interested and carried on using and became an addict just like them.

Lack of life skills

Inabilities to cope with problems make individuals feel weak, and in order to gain some peace, they go the wrong way, which results in a form of phony and temporary peace. During interviews, respondents stated that during grief, sudden pressures, and problems that they cannot solve, they use drugs to forget their problems for a while. These types of individuals have not been trained for life skills such as the ability to reject immoral requests and to say no to inappropriate

suggestions.

Farnaz, a 25-year-old woman, who has used opium and heroin for six years and has experienced using methamphetamine in the past four months of her addiction, sadly states:

I was tired of the situation in our home. My brothers were very biased and controlled me a lot. There was so much tension in our house that I wanted to get married soon and leave the house. When I got married, it was worse than before. My husband was an addict and he was with a different woman every day, and I called them to leave my husband. I was so tired and I started using drugs.

Relationship breakdowns

Respondents mentioned a situation in which they tended not to communicate socially and even broke down ties with their own family and initiated self-isolation. Others mentioned being the center of attention and stated that addiction has changed the attitude of others, and no one tends to communicate with them and they try to stay away so that they would not be called an addict as well. Some respondents stated that they are ashamed to go out in public and they feel ashamed, and these series of events have resulted in the breaking down of trust in the family. Being abandoned by their families, they experience a lack of the support from society, and therefore, addiction both affects familial relationships and their relationships with others.

Ameneh is a 35-year-old woman who has used drugs for 2 years and regrets her actions; she wishes that she could return to the past to compensate for what she has done. She said:

Since my addiction, I cannot tolerate anyone. When my family came to visit, I did not open the door because I was using drugs; when they called to ask where I was, I said 'okay, I am coming'. Since my addiction, I go nowhere and I have no relationships with anybody; I have been isolated.

Deviation

Interviews showed that addiction can be an important factor influencing the tendency of people to commit crimes as addiction undermines the



moral foundations of society and leads to damaging behaviors such as moral deviations, promiscuity, drug trafficking, theft, begging, and in extreme cases, prostitution and sexual perversion.

The results of the interview showed that the societal conditions that addicted women have experienced were damaging; by studying the family status and the economical problems of these women, anomalies in the societal environment can be found.

The reason behind addicted women being more vulnerable than addicted men is because drug use in women is followed by other societal problems such as running away from home, prostitution, etc.

Zahra is a 37-year-old woman who has smoked opium for 15 years; she was so sad that she started crying right after being interviewed and continued crying during the interview. She said:

My husband was, at first, a plaster worker, but it has been 17 years now since he started selling drugs. He supported our expenses in this way and we always had drugs. When my husband was not

at home, a customer came in and I sold the drugs. Now he is in prison and I cover my expenses and the expenses of my children by selling drugs.

Khatereh is a 28-year-old woman who has been an addict of heroin, methamphetamine, and methadone for eight years; she is divorced and she has had several temporary marriages. She said:

When I got separated from my husband, I did not have a job or financial support. I had so many expenses and I used 5–6 grams daily, which cost about 120,000 Tomans. At first, I tried to get the money from other people so I hopped into other people's cars and took at least 20–30 Tomans from each one. There was even a man who was so rich that his deodorant was worth 400,000 Tomans. Then, I started prostitution and I got money—I was so poor that I went out with everyone. One time, I had a relationship with an Afghan drug dealer so that he could give me some drugs. I was so ashamed of myself that I had humiliated myself to that degree.

Table 1. Concepts and categories of woman drug use

Category	Concept
Family background	Father's addiction, spouse's addiction, addiction in the family of the spouse, persuasion and coercion by the spouse towards use, family fights, parental neglect, lack of affection, divorce child, one-parent family
Friend's interaction	Friendly leisure, showing off in front of friends, socialization with friends who use drugs, and peer pressure
Breakdown of relations	Disconnection with the family, mistrust, family rejection, lack of family support, reduction in family relationships, withdrawal, isolation, feelings of shame, humiliation and stigmatization by others
Deviations	Immorality, running away from home, trafficking and selling drugs, stealing from your family, steal drugs, prostitution for income

Discussion

With the development of traditional and industrial addiction in recent decades, numerous studies have been conducted on various groups of addicts. Danesh et al. (2013) have conducted a study titled 'Underlying theory of the causes of

addiction in female prisoners in the Central Prison of Isfahan'. Results showed that the background of drug use in family, the type of the living surroundings, tension in life, and a connection with addicted friends are the effective local conditions, and having a child, one's social and economical

position, and inappropriate family relations are effective factors which influence drug use in women. Rahimi Movaghar et al. (2011) conducted a research titled 'Qualitative study of women's requirements for addiction treatment', in which, 62 addicted women were interviewed. The results showed that women mostly claim that social stigma, humiliation and family rejection, and severe poverty are their major problems.¹¹ Khademian et al. (2009) conducted a study titled 'Studying the social factors affecting addiction in addicted women in rehabilitation centers and harm reduction in Tehran'; the results of this study showed that couple separation, separation of families, parents, husband and wife, family disorders, social-economic status, the availability of drugs, and the addiction of family members are effective factors that induce drug addiction in women.¹¹ Akbari Zardkhaneh et al. (2009) conducted a study titled 'Relation between identity status and the parent-child relationship in addicted women'; the results of this study showed that the relationship with one's father, mother, and the referred identity have the capability to estimate which group of addicted or non-addicted individuals the woman belongs to. The promotion of the parent-child relationship and helping children to overcome a referred and unstable identity can, therefore, be considered as protective factors against drug addiction.¹² Najari (2007) studied addiction in addicted women referred to Tehran rehabilitation centers between 2005–2006; the results showed that the average age of addicts was 32, while the average age of the beginning of a drug addiction was 20. The leading causes were night-parties and addicted relatives.¹³ Arévalo et al. (2008) studied the role of spirituals, and the sense of dependence and coping reactions associated with stress in women who receive treatment for drug abuse. Results showed that the developed treatments for drug abuse which lead to an enhancement in spirituals, belonging senses, and tolerable reactions can help addicted women to tolerate the pressures of treatment and post-treatment.¹⁴ Grangé et al (2005) conducted a

study titled 'Explaining tobacco addiction or drugs in pregnant women' by comparing the characteristics of pregnant women who used drugs until giving birth and those who quit consuming drugs during pregnancy; the results of this study showed that the women who could not quit using drugs had more psycho-social problems and often lived alone. Their drug dependence was greater and they had a lower understanding of the dangers of drugs on their infants.¹⁵ Miller's research on women in Philadelphia showed that there are a lot of differences in criminal behaviors among addicted and non-addicted women. The results of a study by Gordon in a rehabilitation center in England and Urbun, which studied the behavior of addicted women, showed that 30 – 60% of individuals continued committing crimes despite being addicted. According to Alexander, the behavior of the addict is an effort to meet the loss caused by solidarity, i.e., the failure to achieve a variety of social approval, competence, confidence, and personal autonomy, which are the minimum expectations of individuals and society. In the adjustment model, the individual prefers the identity and the life of an addict and his/her suffering, despite the diseases and social problems than lack of identity. According to Alexander, a person who is successful at being concordant with others and the social structure is not prone towards becoming an addict. According to this perspective, the addict is not being controlled by the drugs and does not unwillingly use the drugs; this means that the behavior of the person is voluntarily and optional.¹⁶ Although it may not be at a conscious level, feminists have different ideas about the delinquency of women.¹⁷ As Marxist feminists claim, gender inequality is caused by unequal power distributions between men and women in society. The root of these differences returns to legislation and the inheritance of male dominance. In the capitalist system, men control women in the economic and biological fields, and this 'double marginalization' is an explanation for fewer crimes being committed by women in a capitalist society. The isolation of women in the family provides



fewer opportunities for their involvement in serious offenses, and the lack of power leads them to less important crimes such as drug consumption and prostitution.¹⁸ In contrast, radical feminists consider the delinquency of women a result of patriarchy (hegemonies governed by male-domination), and women think in such way that leads to their poverty and is a factor to justify male violence and sexual control over women. Exploitation of women by men makes women victims, runaway, or makes them resort to drug usage.¹⁹

Conclusion

A review of the notions in this study show that the most important factor underlying addiction is 'family'. Addiction is a vicious cycle, which, once in a generation, can affect everyone. People who are born in families of addicts are likely to become addicted. One who is born in a world of addiction should spend a major part of her energy not to be unconsciously addicted. One who is born in a family of non-addicts, however, is a step away from addiction. The results of this study showed that the vast majority of women interviewed were addicted because of their family's addiction to drugs. In a family, the husband's addiction has the greatest effect. In many cases, women who were victims of their spouse's abuse, or their deception or persuasion become caught in a trap of addiction. In addition to the main underlying factors, there are other factors that can mitigate or exacerbate the phenomenon. Among these factors, friendly interactions and poor life skills can be cited. In some friend groups, especially during adolescence and youth, owing to the lack of experience and emotionality, much harmful behavior is considered typically recreational, and because of the mechanism that a group of people use to unite individuals, people are forced to participate in these activities. In these circles, the use of drugs is also considered a form of entertainment and if the members try to refuse using drugs, they will be blamed and teased. They also participate in this form of recreation and gradually fall into the abyss

of addiction. Based on the theory of differential association by Sutherland, drug use is linked to socialization with people. To start taking drugs, individuals need to be highly dependent on their friends or the group in which they belong. This affiliation becomes stronger and deeper with the weakening of family relationships. The results showed that the most important reason for addiction in women lay in public life. While such social life can be a family or a group of friends, women acknowledged that sometimes, especially at the baseline, they did not use the drug, and they actually wanted to answer in the negative to other's coercions, but due to the pressure of friend groups and the lack of resistance skills, they surrendered. Parsons believes that the lack of correct skill development required for success in life leads to the fact that women become stressful after gaining favourable job positions and marriages. In such situations, individuals absorb anger and hatred. As women in our society have fewer resources for confronting social failures, it is not strange that they become addicted in order to heal from the pain of failure. The third inquiry that the study attempted to resolve involved the form of social connections that women developed after becoming addicted. A number of women were asked to explain their experience with respect to their social connections. A common theme was extracted from all answers: breakdown of social relations. In fact, after addiction, family and social relationships, for these women, were displaced from the normal situation. The important issue in this matter is that the female participants could not draw an obvious line between the disruption of their connections before and after addiction. This means that the family and social relationships that they had before the addiction was also partially damaged; after addiction, however, they were completely ruined.

Addiction is a ring of social damages, and it has earlier and later rings. In a family with an addicted mother, the psychological and sensual relationships of the family are ruined; not only can the woman not be considered as the moral model for the children, she can also bring about separation of the

family members, and in some case, precipitate divorce. The results of this study were compatible with the studies conducted by Khademian et al. (2009), and Akbari Zardkhaneh et al. (2009). After this, the woman is left without support and financial support, which opens the path towards other damaging behaviors, and the children feel neglected, anxious, and unsafe, and they may absorb deviated bands and commit several crimes. Nye, the theorist of social control, who is focused on the relationship between the family and crime, believes that a family that is full of tensions and conflicts can play an important role in the development of misbehavior in children. Therefore, a separated family is less important than a family with tensions and differences. In such families, individuals do not demonstrate compatibility with the family and the community. The results of this study showed that as women usually have no income, when they become addicted and have a lot of expenses on their shoulders in addition to the increasing cost of drug use, they are forced to make money through inappropriate means such as begging, which is the most common financial crime among women. These results are in concordance with the results of the study conducted by Nouri et al. (2011). The interviewed women also mentioned burglary, begging, and drug selling. With respect to drug selling, it could be said that the pattern of female crimes has a tendency towards male crimes. These results are compatible with the results of the study conducted by Miller.⁸

Conflicts of Interest

The authors declare that there is no conflict of interest in this work.

Acknowledgments

Hereby, authors would like to thank woman for sharing their life and drug use experiences, as well as, Yazd woman rehabilitation center for providing help to meet participants. Further, in the current study all ethical Issues were observed base on the Helsinki Declaration.

Authors' Contribution

Conceptualization, H.A. and N.F.; Methodology, H.A. and N.F.; Investigation, H.A. and N.F.; Writing – Original Draft, N.F.; Writing – Review and Editing, H.A.; Funding Acquisition, H.A. and N. F.; Resources, H.A. and N.F.; Supervision, H.A.

References

1. Ghasemi Rowshan E. From women's drug addiction to family disorders. *Women's Strategic Studies*. 2003;22:131-151. [Persian]
2. Jamshidi Manesh M, Soleimanifar P, Hosseini F. Personal, familial, social and economical characteristics of jailed addicted women. *Iran Journal of Nursing*. 2005;17(40):47-54. [Persian]
3. Garosi S, Mohammadi Dolatabad K. Delineation of the lived experiences of drug dependent women. *Quarterly Journal of Woman & Society*. 2011;2(5):55-74. [Persian]
4. Danesh P, Maleki A, Niazi Z. Ground theory about the addiction causes of the addiction women in jail of central of Isfahan. *Journal of Studies Socio-Cultural Development*. 2013;1(4):125-145. [Persian]
5. Mohammadi J. Drugs Types. *Education and rehabilitation monthly*. 2006;139:1-40.
6. Feizi I, Alibabaie Y, Rahmati MM. Investigation of family, friends and neighbor effects on drug abuse. *Iranian Journal of Social Problems*. 2010;1(4):131-150. [Persian]
7. Sedigh Sarvestani R. Is addiction a social problem?. *Youth addiction problems*. 2008:225-241. [Persian]
8. Hojati S, Nouri S, Dibachi S, Akbari K. Investigation of drug abused woman's condition. *Research Report of Drug Control Committee of Majmaaa Tashkhise Maslahat*. 2011:13-49. [Persian]
9. Ajjilchi B, Naderi A, Ghaemi F. Study the relationship between characteristics of addicted women and social discipline. *Nazm Va Amniyat-e-Entezami*. 2010;4(2):49-69. [Persian]



10. Rahimi Movaghar A, Malayerikhah Langroodi Z, Delbarpour Ahmadi SH, Amin Esmaeili M. A Qualitative study of specific need so f women for treatment of addiction. *Iranian Journal of Psychiatry and Clinical Psychology*. 2011;17(2):116-125. [Persian]
11. Khademian T, Ghanaatian Z. Investigation of affective social factors on woman drug abuse at rehabilitation centers of Tehran City. *Journal of Social Sciences*. 2009;2(4):59-86. [Persian]
12. Akbari Zardkhaneh S, Khoda Javadi R. Relationship between identity status and parent-child relation among addictive women. *Journal of Family Research*. 2009;5(3):371-385. [Persian]
13. Najari F. The evaluation of addiction in female addicts admitted to detoxification centers in Tehran during 1384 and 1385. *Journal of Medical Council of Islamic Republic of Iran*. 2007;25(4):457-463. [Persian]
14. Arévalo S, Prado G, Amaro H. Spirituality, sense of coherence, and coping responses in women receiving treatment for alcohol and drug addiction. *Evaluation and Program Planning*. 2008;31(1):113-23. <https://doi.org/10.1016/j.evalprogplan.2007.05.009>
15. Grangé G, Vayssiere C, Borgne A, et al. Description of tobacco addiction in pregnant women. *European Journal of Obstetrics & Gynecology and Reproductive Biology*. 2005;120(2):146-51. <https://doi.org/10.1016/j.ejogrb.2004.09.002>
16. Abadinsky H. *Drug abuse: An introduction*. Michigan: Nelson-Hall Publishers; 1979. P:198.
17. Ritzer G. *Contemporary sociological theory and its classical roots: The basics*. New York: McGraw-Hill Publication; 1983. P:342.
18. Moazzami SH. *Criminal sciences: Criminal investigation of women crimes*. Tehran: Samt; 2004. P:45-63.
19. Hariri N. *Principles and methods of qualitative research*. Tehran: Islamic Azad University Publications. 2006.