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A Qualitative Study of Risk Factors of Substance Abuse among Women

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ABSTRACT

Background: The rate of substance abuse by women is growing over last several decades. However, most addiction studies have been conducted on men with a quantitative approach.

Methods: The present study examined the risk factors of addiction among women through qualitative research. This research was a content analysis. Sampling was done in a targeted manner from addicted women referred to substance abuse treatment centers in Chaharmahal and Bakhtiari province in 2022. The research tool was an in-depth interview. The research data were analyzed by open coding, axial coding, and selective coding.

Results: The research findings showed that the main categories are individual factors, family factors, socio-cultural factors and economic factors were effective in the incidence of substance abuse among women. In terms of priority, individual factors (41%), family factors (29%), socio-cultural factors (21%) and economic factors (9%) were effective in the incidence of substance addiction among women.

Conclusion: According to the results, it can be concluded that individual, family, socio-cultural and economic factors play a significant role in women's tendency to substance abuse. This requires providing training and solutions about these factors.

Keywords: Factors, Women, Substance abuse, Qualitative research

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Introduction

Addiction, as one of the problems of societies, can shake the basis of the individual, family and socio-cultural life of a country, stop human growth and stop people from the path of growth and prosperity. According to the United Nations report, the number of substance users among the population aged 15-44 years in the world is 200 million people, which is 5% of the total world population (Velasquez et al., 2015). In Iran, despite the expansion of new industrial and chemical substances, addiction to opiates includes the highest percentage of addiction (Shariati et al., 2012).

Every year, billions of dollars are spent on substance trade in the world. Due to the high volume of this business, a huge amount of money is spent on fighting substance sales and treating addicts. Therefore, addicted people are not only useful people for the society, but also they are a kind of burden on society (Burleson and Kaminer, 2005). Addiction imposes a huge economic, social, cultural and security cost on the society, and every year the number of people who fall into the problem of addiction is increasing (about 40%). In addition to social complications and the increasing incidence of addiction, the consequences of this problem for the individual should also be mentioned. This phenomenon has a lot of psychological damage both in terms of mood and behavior for the person. In other words, some substances can affect both the internal psychological state (such as mood) and objective and external activities (i.e. behavior). Substances can cause neuropsychiatric symptoms, and it can be concluded that primary mental disorders and substance use disorders are likely to be related (Kaplan and Sadoc, 2005).

Addiction is a state in which a person has a weak will to control the repetition of their actions due to mental or chemical reasons. Although weakness of will is not a disease in itself, it is assumed as a disease due to the complications caused on the central nervous system of the person. This disorder leads to the repetition of that behavior by creating problems in controlling the axis of behavior-reward. Addiction disorder disrupts the neuronal axes related to the reward system, motivation, and memory. Disturbance in these axes leads to biological, physical, social and psychological problems (West, 2013). Since 1964, the World Health Organization has recommended the use of the term substance dependence instead of the term addiction (Berger, 2008).

The trend and growth of addicted women around the world is one of the social phenomena that have been visible since the end of the 20th century. Iran is also not immune from this global development. Although the way of substance use disorder is less reported in women than in men, the speed of dependence is faster in them and today it has become a growing serious threat (Mirzakhani and Khodadadi Sengdeh, 2015).

The consequences of addiction in women can be considered from different aspects. Individual consequences include contracting physical and mental diseases, family consequences such as reducing the chance of marriage, rejection from the family, failure to play the role of a mother, creating a generation of addicts, failure to monitor the behavior of children and hepatitis. Its social consequences include: committing all kinds of property and moral crimes such as: prostitution, theft, etc. Also, according to the geographical and cultural position of our country in the region, addicted women are mainly viewed as promiscuous and immoral people (Ghasemi Roshan, 2001). Research studies have shown that in many American and African countries, women consumers are viewed as monsters and deserve to be raped by men. Substance abuse disorder in women creates more obstacles that affect their access to treatment (Tuchman Ellen, 2010). Also, poverty and a history of addiction in important family members and family violence are among the associated harms in women substance users (Matto & Cleaveland, 2016). Therefore, finding out the causes of women's addiction can be effective in prevention and treatment.

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Therefore, conducting studies in this regard is necessary to prevent the increase of addiction among women and provide solutions for it. The present study investigates factors of substance addiction among women in a qualitative way.

Methods

The current research is a qualitative content analysis. Qualitative content analysis is a research method that is used to analyze the content of textual data such as written documents, interviews. The statistical population of the present study includes addicted women who referred to addiction treatment centers in Chaharmahal and Bakhtiari provinces in 2022. The sampling method is targeted and the participants have a common experience that is addiction. The inclusion criteria for this research were willingness to cooperate, using all kinds of substances in the last 6 months, having at least third grade and being at least 18 years old, having general health and the ability to speak normally. The exclusion criteria wereunwillingness to participate in this research, having chronic mental illness or chronic physical illness. In this sampling, there is no need to specify the total number of samples and the exact number of participants from the beginning, and the repetition of previously collected data determines the number of samples, which ends with data saturation. The meaning of saturation in the data-based theory is a state in which the researcher mentally reaches these concepts that new data, new information or more knowledge is not obtained. The strategy for sampling in qualitative research should be saturation. It allows us to provide much needed data based on sample size (Corbin and Strauss, 2014). Based on saturation rule in this research, 34 people were individually interviewed.

After obtaining approval from the research committee of theanti-narcotics headquarters - office of research and education and receiving permission from this organization and the welfare organization of Chaharmahal and Bakhtiari province, we referred to addiction treatment centers in this province. Due to the principle of diversity, some participants in the research were also selected from Methadone treatment centers. After selecting and communicating and retelling the purpose of the study, the participants were prepared for the main interview session. Each person signed the informed consent form separately and declared their consent to conduct the study.

The data gathering method was an in-depth and unstructured interview. Substances in this study meant all addictive substances specified according to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, except for alcohol and nicotine. The inclusion criteria in the present study include substance addiction, not suffering from an acute psychiatric illness or a chronic illness with acute psychiatric manifestations, whether it is substance-dependent or non-substance-dependent psychiatric symptoms, a person's physical and mental willingness and ability to participate and presenting his experiences in the study.

The interview time of present study was between 25 and 90 minutes. The results of the participants' experiences were recorded on tape. The information through the interview guide included demographic information (questions) and the specific semi-structured interview guide (interview structured-Semi) included physical, psychological, occupational, economic, educational, family, social and other factors that were taken from past studies (Hosseini & Ghasemi, 2020; Merghati-Khoei et al., 2020; Yousefi Afrashteh et al., 2020). Interview was done with questions such as "How did you get to know the material?" "What made you take substance?" and "What made you keep using substance?" During the interview, exploratory questions were used when necessary and probing questions were asked such as "Can you tell me more about this?" or "What do you mean by this?". Accessing the factors of addiction provides richer details and information and reduces ambiguity. The recorded interviews were transcribed by the researcher on paper. Initial coding was done based on similarities and differences, and all concepts and topics were

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related to certain parts of these data. Coding about different demographic variables such as economic and social status, length of consumption period, marital status, age and place of residence were observed.

In the present study, data analysis was analyzed using the method of Corbin and Strauss (2014) through open coding, axial coding, and selective coding. For this purpose, after implementing the interview text on paper and typing it carefully, the interview text was read several times and the initial coding was classified based on similarities and differences into larger codes and these categories were re-coded based on their content. The interview continued until information saturation was achieved and there was no need for new codes. After obtaining the initial codes, they were compared. The purpose of doing this is to put the similarities of the concepts and put them in a broader and more abstract concept that can be considered as a main class. The categories of topics and titles were important from the point of view of the interviewees.

The Ethics Review Board of Anti-Narcotics Headquarters - Office of Research and Education approved the present study and written informed consent was obtained from the participants as well (Code of Ethics and Project Number: 2397005).

Results

The mean age of the first use was 22.11, and the average year of use was 7 years. The frequency and percentage of the sample members based on the demographic characteristics of the participants are shown in Table 1.

Table 1. Frequency and frequency percentage of members of the sample based on the demographic variables

Variable	Group	Frequency	Percent of frequency
Age	18-28	9	26.48
	29-39	21	61.76
	40-50	3	8.82
	51-61	1	2.94
Marital status	Single	12	35.29
	Married	7	20.58
	Divorced	15	44.11
Education status	High school	12	35.29
	Diploma	11	32.35
	Graduated	11	32.35
Occupation	Employed	13	38.23
	Housekeeper	6	17.64
	Unemployed	15	44.11
Parents' education	High school	19	55.88
	Diploma	9	26.47
	Graduated	6	17.64
Substance used	Glass	7	19.88
	Opium	2	4.11
	Server substance	25	76.01

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After the theoretical saturation of the data in the interview process, the analysis of the participants' experiences in the final analysis of the data led to the identification of 650 primary codes, 40 subcategories and 4 main categories, which are shown in Table 2.

Table 2. Identified categories and subcategories of factors affecting the formation of women's addiction

Individual factors	Family factors	Economic factors	Socio-cultural factors
-Physical diseases -Mental illnesses - History of child abuse - Lack of knowledge about substances and their consequences - Low self-confidence - Mental vacuum - Feeling helpless -Sense of curiosity -Sensation seeking -Need to be approved -Symptoms of neuroticism (anxiety, depression, etc.) -Traumatic coping style - Low education	- Family disorder of husband and wife - From the unity of the parents' family - Divorce and separation - History of addiction in the family - Parental addiction -Forced marriage -Marriage at a young age - Spouse's addiction - Spouse betrayal - Mental and physical violence by the spouse - Divorce of parents Inappropriate parenting style of parents - Low sexual satisfaction in married life and failure to fulfill emotional needs - Apathy and marital heartbreak - Weak parental control	- Unemployment Low education and low income - Poverty	- Social learning - Socializing with bad friends -Lack of access to healthy recreation - Non-adherence to religious beliefs - Place of education and traumatic life - Rejected by friends -Receive social approval - Ease of access to materials - The culture of substance use in ethnic groups - Failure to receive social support when necessary

The results of Table 3 showed that in terms of priority, individual factors (41%), family factors (29%), socio-cultural factors (21%) and economic factors (9%) were effective in the incidence of substance addiction among women.

Table 3. Prioritization of addiction factors among women

Priority	Main categories	Subcategories	Frequency	Percentage of frequency
1	**Individual factors**	Physical diseases	6	%41
		Mental illnesses	4	
		History of child abuse	3	
		Lack of knowledge about substances and their consequences	13	
		Low self-confidence	15	
		Mental vacuum	1	
		Feeling helpless	3	
		Sense of curiosity	4	
		Sensation seeking	1	
		Need to be approved	5	
		Neurotic syndromes (anxiety, depression, etc.)	9	
		Traumatic coping style	5	
		Low education	6	
2	**Family factors**	Family disorder of husband and wife	4	%29
		From the unity of the parents' family	3	
		Divorce and separation	3	

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Table 3. Prioritization of addiction factors among women

Priority	Main categories	Subcategories	Frequency	Percentage of frequency
		History of addiction in the family	4	
		Parental addiction	3	
		Forced marriage	5	
		Marriage at a young age	6	
		Spouse addiction	7	
		Wife's betrayal	2	
		Mental and physical violence by the spouse	4	
		Divorce of parents	1	
		Inappropriate parenting style of parents	4	
		Low sexual satisfaction in married life and lack of fulfillment of emotional needs	2	
		Apathy and marital heartbreak	2	
		Poor parental control	4	
3	**Economic factors**	Unemployment	4	%9
		Low education and low income	5	
		Poverty	8	
4	**Socio-cultural factors**	Social learning	3	%21
		Socializing with bad friends	10	
		Lack of access to healthy recreation	4	
		Non-adherence to religious beliefs	5	
		Place of education and traumatic life	1	
		Rejected by friends	2	
		Get social approval	5	
		Ease of access to materials	2	
		The culture of substance use in ethnic groups	3	
		Failure to receive social support when necessary	3	

Discussion

The present research examined factors affecting the formation of women's substance abuse during a qualitative research. At the end of the analysis and coding of the research data, four main categories were extracted under the title of individual, family, economic and socio-cultural factors.

Individual factors

Based on the statements of the participants in the research, characteristics such as sensation seeking, need to be approved, symptoms of psychosis, low levels of self-esteem, experience of emotional failure, incorrect and traumatic coping style, perceived physical benefits, lack of recognition and knowledge about substance were among the most important individual factors for the formation of addiction in women.

In the examination of individual factors in this research, physical diseases such as back pain and mental diseases (depression, anxiety, irritability, intense anger, panic attacks, and schizophrenia) were among the factors affecting women's substance addiction. In different studies in line with this research, they reached the same result. In their studies, Hughes et al. (Hughes T and McNair, 2010) introduced mental disorders as important predictors of substance use. Medbarnia et al. (2013) mentioned the easy acquisition of benefits in mental and physical fields as one of the most important factors affecting substance addiction.

The results of this research showed that low level of women's knowledge about the characteristics of substance and the adverse consequences of its use and having a positive attitude such as reducing physical pain, excitement and thirst, increasing sexual desire with substance use regardless of its side effects, provides the field of substance addiction.

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Addicted women reported more low self-esteem, emotional deficiency, inability to adapt to problems, feeling lonely, feeling curious, imitating others, anger, pressure of social issues, psychological emptiness, feeling helpless, lack of good friends, and rejection by friends. Studies have reported that low self-confidence was one of the predictive factors of substance use. Doagvoian et al. (2011) stated that most addicts turn to addiction to compensate for individual deficiencies. Also, imitating other young people is one of the factors that have the greatest impact on changing the pattern of substance use according to experts.

Family factors

Family issues include forced marriage, marriage at a young age, spouse's addiction, encouraging spouse to use substance and try substance, marital conflict, marital apathy and boredom, betrayal by spouse, lack of marital intimacy, and dysfunctional communication of family members.

Disorganization in the family of the husband and wife, the parents' disorder and the disorder of the husband and wife's family were among the factors affecting women's addiction. Disturbances in the family of husband and wife and family cohesion were factors affecting addiction. Divorce and separation were among the other important factors in the occurrence of addiction in women. Studies have shown that a significant number of women after divorce are disappointed with the future and feel anxious, homesick and sad. Divorce and separation also leave negative effects on couples, especially women (Malik and Benegal, 2015). In the study of family causes, siblings and addicted parents were among other factors affecting the occurrence of addiction among women. In the study by Chen et al. (Chen and Gueta, 2015), parental addiction and neglect of children were effective in women's addiction. Gunn and Miranda Samuels (2020) showed that observational learning of the consumption of family members from the perspective of addicts and their accompanying people (non-addicts) was more important than other causes in the tendency to addiction. Other factors affecting the family of addicted women were unrestrained, tension, and disintegration. In the study of Ahun et al. (2013), there was a large percentage of broken families in the target sample group, and the family did not believe in any values. It can be said that quarrels between parents in the family environment deprive girls of peace and comfort at home, so they prefer to spend most of their time outside home and due to the lack of support from their parents.

Other effective factors in women's addiction were lack of sexual satisfaction from the spouse, lack of satisfaction with the mutual respect of the spouse with other children, and lack of satisfaction with the fulfillment of emotional needs. In the study of Mancheri et al. (2012), in line with this study, more than half of their spouses had addictions. Also, spouse's addiction can lead to reducing the blame and criticism of the spouse and the person's involvement in the addiction. Women whose husbands have addictions may turn to substance themselves.

Economic factors

Poverty, inability to provide the necessities of life, unemployment or weak social skills and weak economic power are among the factors that women turn to addiction to overcome economic problems and pressures.

Parents and husband's unemployment and low income were other factors influencing the addiction of female addicts. Several studies have shown the relationship between demographic factors and socio-economic status with substance dependence (Green et al., 2023; Colasante et al., 2022; Lê Cook et al., 2011; Hanson and Chen, 2007). The level of literacy is related to the level of awareness and employment of people, and these two factors have a great impact on people's tendency towards substance. Lack of employment is an important risk factor; on the other hand, substance dependent people are more likely to lose their jobs due to less presence at work or low concentration at work. Examining the causal relationship between substance addiction and

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employment also requires additional detailed studies in this field. The unfavorable status of education, employment, individual and household income, and marginalization, has caused the disease of addiction and other diseases resulting from it, such as anxiety and depression.

Socio- cultural factors

Socio-cultural factors include the role of peers, unemployment, receiving social approval, low education, ease of access to substance, culture of substance use in relatives.

One of the factors affecting women's addiction was the lack of proper communication with others, the feeling of rejection and not receiving support from others when it is necessary. BaranOladiet-al. (2012) showed in their study that suffering people are more drawn to substance use. In explaining these findings, it can be said that women and girls who do not have a strong relationship with others (family, friends, and relatives) always feel alone, which results in a feeling of failure. In order to forget and get rid of sorrows, they turn to substance and without considering its negative and unfortunate consequences, they replace future pleasures.

Other effective factors in the occurrence of addiction included the lack of access to healthy recreation, lack of recreational facilities and service facilities, and lack of adherence to religious beliefs. In studies similar to this study, Ebrahimi et al. (2011) showed that the average active leisure time of the participants, which includes recreation and entertainment, was more than their inactive time. It can be said that communication and friendship with people suffering from substance abuse is a strong predisposing factor for addiction, and acceptance of the norms and values accepted by friends and membership in their groups is one of the reasons for addiction.

In line with this study, Kusma et al. (2015) stated that as perceived stress increases, the tendency to addiction increases. It can be said that people's inefficient coping with stressful factors in the long term leads to negative consequences such as depression, anxiety, and substance use. Perceived stress is an important factor for substance use.

Many addicted women said that one of the effective factors in addiction is social learning. This means that if women associate and have relationships with unscrupulous and addicted people, the possibility of becoming addicted is very high. Based on the theoretical framework of research, the problem of social learning is in harmony with Sutherland's theory. According to his belief, deviant behavior like other social behaviors is learned through continuous association with others. Sutherland believes that deviant behavior does not have hereditary psychological roots (Kruis et al., 2020; Neff and Waite, 2007).

This study had some limitations. Due to the reluctance of some addicted women participating in the study, necessary explanations were provided about the objectives of the study and keeping the information confidential. Also, the individual, cultural, and social differences of the samples could have influenced their opinions, which was a limitation beyond the researcher's control. It is suggested that random sampling be done from the community of addicts in future studies. Considering that the importance of prevention of addiction is more important than the treatment of addiction, it is suggested to identify preventive factors and prospective cohort studies regarding the causes of addiction.

Conclusion

Considering the impact of many factors on women turning to substance and their important role in the family and society, it is necessary to enter psychologists, counselors and other trained people in addiction treatment centers. These people, as agents and informants in the society, can provide solutions to families by teaching them how to identify the factors influencing substance. Also, by strengthening the self-confidence and self-esteem and individual characteristics of people,

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they can play a deterrent role in their addiction tendency. By identifying the influential factors and increasing the necessary skills they can build strong family bonds and create a friendly relationship. The media and people have to cooperate and introduce the causes of addiction to the individual, family and society in order to be effective in reducing substance addiction. Also, by creating counseling and service centers and providing easy access to recreational facilities and healthy recreation, they can be replaced by addiction.

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Conflict of Interest

The authors have no conflict of interest to declare.

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Ethical Considerations

The Ethics Review Board of Anti-Narcotics Headquarters - Office of Research and Education approved the present study and we have obtained written informed consent from the participants as well.

Code of Ethics

Code of Ethics and Project Number: 2397005.

Authors' contributions

F. K; wrote the study design and F. K and M. A. F collected the data and analyzed. Final manuscript was prepared by F. K and M. A. F. All authors commented on the final draft of the manuscript.

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