Psycho-Social Factors Related To Drug Abuse among Female Drug Users

Dissertation Submitted to the Department of Clinical Psychology, University of Dhaka, in partial fulfillment of the requirements for the degree of Masters of Philosophy in Clinical Psychology.

Submitted by

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DEDICATION

To my precious parents, Late Mirazul Haque and Jahan-Ara-Begum whose unconditional love and continuous support have made my present identity, and the person I am.

APPROVAL SHEET

This is to certify that I have read the thesis dissertation entitled "**PSYCHO-SOCIAL FACTORS RELATED TO DRUG ABUSE AMONG FEMALE DRUG USERS**" submitted by Mukta Jahan Babu, in partial fulfillment of the requirements for the degree of M.Phil. in Clinical Psychology, University of Dhaka, and the research was carried out by her under my supervision and guidance.

.....…….

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ABSTRACT

Substance use was considered to be primarily a male problem, and many substance abuse studies are conducted with a predominance of male participants. However, recent substance abuse research indicates several differences between the male and female substance users including the etiology of substance abuse and the consequences that result from substance abuse. So, female addiction pathway is a growing concern in the drug field. Female drug addiction is largely an unexplored domain. Still many questions regarding this issue related biological aspect, psychosocial aspect, co-occurring psychiatric disorders, barrier to treatment entry, retention in the treatment process and completionsof the drug treatment need to be explored. The study was aimed to explore the factors, which influence the females to initiate drug life. It was also aimed to explore what factors contribute to maintain their drug life. There is severe lack of knowledge on this significant issue worldwide, especially in Bangladesh. In this context, grounded theory approach of qualitative research design was used to explore the contributing psychosocial factors associated with drug addiction among females.

In depth interviews were conducted on 11 females with substance abuse problem who were selected through purposive sampling. Verbatim transcripts from the recorded interviews were the main source of data for this study. NVivo-10, data analysis was completed through open, axial, and selective coding. The present study revealed 7 main themes, namely: (i) deprived feelings of parental love and care, (ii) influences of the institution, (iii) impact on selfhood, (iv) craving for belongingness, (v) emerging awareness (created by the negative effects of drug abuse) (vi) obstacle against recovery and (vii) Expectation for recovery. Two main core concerns revealed in this study are - (a) females

were bounded in a problematic cycle namely “crisis as a child in a parent child relationship” before coming into drug life, (b) “crisis as a partner in intimate relationship” after taking drug. Former problematic cycle of parent-child relationship led to the next problematic cycle of intimate relationship, as they were seeking attachment through love and belongingness, to fix their collapsed life.

The drug addiction phenomena, its pathologizing mechanism and its process of healing seems quite different than available traditional knowledge on drug addictions which was obtained from the on drug addicted male cases. Apart from gaining knowledge, this study would also break the silence regarding female drug addiction in Bangladesh, as they are highly stigmatized, marginalized and hidden group in Bangladesh, which is yet unexplored. The findings would facilitate the enhancement of current treatment practices through the evaluation of the existing interventions and treatment programme for female drug addiction.

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With Thanks,

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CHAPTER 1

INTRODUCTION

Female drug abuse is relatively recent area of interest in research worldwide. From the beginning to mid of 20th centuries, research on participating female substance abuse was limited in number. Social disgrace was one of the major reasons of hiding themselves from the context. Past generation was overwhelmed with stigma about drug abusing women. In case of male, drug abuse was acceptable but for women it was not. Society considered the female substance abuser immoral, a poor mother, an inadequate wife, weak- willed and potentially sexually aggressive (Covington, 2002). Since the mid 1970s, there has been an increasing concern on female substance abuser (Greenfield, 2002). In USA, the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAA) founded a number of projects to develop and evaluate different intervention for women. Society started focusing on female substance abuse particularly because of the infants of addict mothers. So, in the 1980s the cocaine epidemic developed a new concernment about female substance abuser (Ashley, Mardsen, & Brady, 2003).

Previous researches were mostly male-based findings to explore the drug phenomena. Because it is often seen as a male's problem, hence most interventions, preventive or therapeutic, invariably are male centered. In many countries where epidemiological surveys are done for alcohol and drugs, usually done only among male (Khajedaluee, Dadgarmoghaddam, Erfanian, Alipourtabrizi, & Khadem-Rezaiyan, 2015). Female substance abuse is a hidden population worldwide including in Bangladesh. There may be high level of

isolation, social stigma associated with women drug abuse (Kauffman, Silver, & Poulin, 1997).

Gender is an especially important issue in substance abuse problem. Substance abuse patterns and histories of female substance users may differ from those of males. Research has suggested that women differ significantly from men in terms of their pathways of drug addiction (Daly, 1994) as well as their social and psychological characteristics (Wellisch, Prendergast, & Anglian, 1994; Wald, 1995). Women symptoms are motivated by emotional suffering, whereas male manifestations of addiction are more visible and external and highly motivated by social facilitation (Thombs, Beck, & Mahoney, 1993). Most of the time it is found that women have used the chemical in their private setting with close friend or husband. They are not socially exposed to use chemical as men. So it may not draw the attention of the society as it is hidden. Again women take some steps as income generating like shoplifting or prostitution. These are one kind of silent crimes. These may not appear as threatening to society as men's crimes of robbery, burglary and assault (Anderson, 1997). So, it can be said that gender lens is an important explanatory factor in studying of drug abuse problem.

Drug addiction is a growing problem among female in the developing and under developing country. Most people believe that addiction is a male problem and females are less involved in these issues. In the Islamic Republic of Iran, people are surprised by seeing a woman who smokes cigarettes. Although there is no valid census about drug dependency in Iranian women, but the Ministry of Health reports that there is one female drug dependent per 8 males in Iran (Safari, 2004). The administrators of prisons declared in Iran that 50% of female prisoners are in jails regarding drugs and addiction (Safari, 2004).

1.1 Terms of the Present Study

1.1.1 What is drug abuse & drug dependence?

Drug abuse means the problematic use of alcohol; tobacco and other licit or illicit drugs and this behavior harm family life, economic life and public safety. They are taken reason other than medical and increase problems in all aspect of life including family, work, social, legal and health, they are called drug abuse. Chronic drug abuse creates physical dependence on drugs leading to change in tolerance and withdrawal symptoms upon cessation of drug use. The American Psychiatric Association has developed the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), which outlines specific criteria for the Diagnosis of drug-use disorders, including drug abuse and drug dependence. The criteria for drug abuse entail continued drug use despite use resulting in significant problems (APA, 2000). American Psychiatric Association (APA) provides revised criteria, Included in DSM-5 is a new chapter on "Substance-Related and Addictive Disorders''. Substance use disorder in DSM-5 combines the DSM-4 categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe (APA, 2013).

The World Health Organization provides further terms as following description-

(a) *Unsanctioned use*: use of a drug that is not approved by a society, or a group within that society.

(b) *Hazardous use*: use of a drug that will probably lead to harmful consequences for the user. This concept is similar to the idea of risky behavior.

(c) *Dysfunctional use*: use of a drug leading to impaired psychological or social functioning (e.g. loss of job or marital problems).

(d) *Harmful use*: use of a drug that is known to have caused tissue damage or mental illness in the particular person (p. 228) (Edwards, Arif, & Hodgson, 1981).

1.1.2 What is psychosocial factor?

The health research including social epistemology widely use the term psychosocial. Because it's popularity has increased over the past decade. International journal has several papers with psychosocial theme. The theme includes psychosocial causation, psychosocial wellbeing, psychosocial resources, psychosocial context, psychosocial influence etc. The oxford English Dictionary defines the psychosocial factor as 'pertaining to the influence of social factors on an individual or social factor on an individual's mind and behavior and to the interrelation of behavior and social factor. Psychosocial is an unspecified term. The fact remains that psychosocial term is used as an umbrella term under which diverse research inquires are carried out without any specific consideration. Unspecified use of psychosocial sometimes refers everything and nothing in particular. It hasn't yet explored how psychosocial pathways lead to health. In many research, psychosocial explanation of health referred to as social –psychological explanation of health (Martikainen, Barley, & Lahelma, 2002).

1.1.3 Psychosocial factors of drug abuse.

There are several factors for why some individuals develop problems with alcohol. One of the central findings of the large body of literature that has examined the psychosocial causes or etiology of alcohol use is that there are multiple pathways to behavior that involves alcohol and drugs consumption. Multiple biological and psychosocial factors mutually

influence each other for abusing drugs. The etiology of abuse also defines as "psycho-physiological-social '' term. There are three broad categories including constitutional factor, individual factor and environment factor to understand the cellular to social contribution towards drug abuse. Constitutional or biological approach concerned with inherited factors and predisposition. Individual factors include psychological and interpersonal factors. Environmental factor relate with social or cultural factor such as parenting, availability of drug, peer influence (Ghodse & Maxwell, 1990).

Social factors influence the psychological factors and vice versa. So, the interplay between social factors (environmental factor) and the individual factor (psychological factor) represent the psychosocial factor (Theorell, 2007). Psychosocial factors are divided into two subgroups like psychological factors and social factors. Psychological factors of drug abuse are related to individual's thought, emotion, behavior personal characteristics, personality, temperament etc. In addition to these social factors of drug abuse are related to social background, deprivation, availability of drug etc. (Ghodse & Maxwell, 1990).

1.2 History of Female Drug Abuse

This section will provide the past one and one half centuries, related to patent medicine, psychiatric prescription, as well as, health care system. It would be helpful for the understanding of the background history of female substance abuse.

In the 19th century physicians and pharmacists prescribed patent medication to female population (Kandall, 1996). These medications were prepared by opiates or alcohol or the combination of both. These medications have effectiveness to cure the illness like- headache, sexual problem, loss of mental control, chills, insomnia, indigestion and weakness of nervous

system. As females visit the doctor's chamber more than men, the doctors prescribed them these medicines; females were less physically and mentally sound than men. The higher number of female's drug addiction is the result of prescribed medicinal practice (Kandall, p.23, 1996). Kandell (1996) said that female took this medication to get relax in their mind and body. Through advertisement and endorsement the pharmaceutical industry provoked them to use these drugs. Advertising the effectiveness of these drugs pharmaceutical companies published many women magazines (Ehrenreich & English, 1978). It was a matter of sorrow that there was less consideration on female drug addiction, as addiction was seen as men's disease. At the end of the ninetieth century, the physicians and the society were becoming aware of the dangers of the addiction. During the 20th century, the effort was given to educate the physicians regarding woman addiction. The legislation to producing narcotic (opiate, cocaine, and marijuana) was declared illegal. The access of narcotics became more difficult except prescription. The federal government in USA declared that arresting and penalizing would be the punishment for the violation of Harrison anti-Narcotic Act of 1941 (Kandell, 1996). As a result the physicians started prescribing narcotics less frequently than before. Consequently, the number of female drug addicts decreased. Before this executing there were higher number of opium users among female, but it dropped to less than 29 percent of the addicted population by the 1930's (Goldberg, 1995; Kandall, 1996). As a result, women who used drug were labeled. Due to punishment imposed by criminalization, the stigmatization was also raised. In the United State two classes of drug use appeared. One group was well off because they could receive drugs from their private physicians. These groups also afforded to pay for their limited treatment. On the other hand, the second group was poor and disadvantaged. Punishment to the addict brought difficult reality, because they

did not get the opportunity to receive treatment and imprisonment was the result of their crimes. They took shelter under prostitution to manage their illegal substance. Particularly it was different in case of female drinker. They were perceived as more deviant than men drinker. To break the feminine role was more abnormal, more pathological and associated with other deviant condition like prostitution (Gordon, 1981). According to Goldberg, society created a traditional gender role for the female which were nurturer and caretaker as well as non-assertive and the less independent. This discrimination placed the women to the second class in the society, which is vulnerable for women (as cited in Gignac, 1999).

Historically, women had limited resources to alter the unfavorable condition in their lives and attempted to cope with their condition through medication both licit and illicit drug. In USA, women were predominant users of unregulated patent medicines previous to the Harrison Act of 1914, which attempted to regulate narcotic use (Goldberg, 1995).

1.3 Prevalence of Female Drug Abuse

The number of women substance abuse might be under represented since it is difficult to draw the full picture of women substance abuse. Studies on substance abuse do not often address the gender issues. Official Statistics on women substance abuse may not show up in some countries such as India. Social and cultural barriers such as stigma, shame and guilt may create the social isolation of their life they may be unable to access the health care facilities, often being out of contact with their families. They may try to hide their addiction and escape the stigma associated with it (Hurley, 1991).

Women have the highest rates of pharmaceutical drugs use both illicit and prescribed licit drugs, and thus they become addicted to them (Lisanksy-Gomberg, 1995) as it is

regularly overlooked about the misdiagnosis in psychiatric and medical system (Corrigan, 1985). Instead of receiving treatment for addictive behavior, women are subsequently treated for mental illness. Nerves pain, headache, anxiety and depression are more socially acceptable problems than addictive disorder for female. Wilsnack, Wilsnack and Klassen (1984) noticed that as long as the women were drinking for a reason, they saw it as acceptable. The ratio of male and female drug abuse is gradually decreased in recent decade (Grucza, Norberg, Bucholz, & Bierut, 2008; Wagner & Anthony, 2007).

Study suggested the occurrence of substance abuse is less among women than that of men. Globally, it is estimated that in 2012, some 243 million people of the world population aged 15-64 had used an illicit drug at least once in the previous year. Although the extent of illicit drug use among men and women varies from country to country and in terms of the substances used, generally, men are two to three times more likely than women to have used an illicit substance (UNODC, 2014).

According to the report of the substance abuse and Mental Health Service Administration (SAMHSA) in USA 6% women have substance dependence problem in 2009. Substance use is a growing problem among females. National Survey on Drug Use and Health (NSDUH) reported that approximately 6.6% of women aged 12 and older reported past month use of an illicit drug in the United State (NSDUH, 2009).

1.3.1 The scenario of rising, drug abuse among females worldwide

Day by day female drug abusers are increasing worldwide. According to the National Survey of Drug Use and Health (NSDUH, 2010) in USA, it is estimated that around 25 million people of the world use illicit drug. It is shown that among those 40% female live in United States and some part of Europe, 20% are in Eastern Europe, Central Asia and Russia.

Research evidence suggested that injecting drug abuse among female is emerging all over the world, especially in Asia and Europe (UNODC, 2004). In Australia the number of female illicit drug use is higher among female than that of males (Australian Institute of Health and Welfare, 2008). In the report National Survey of Drug Use and Health (NSDUH, 2010), it is found that the current rate of illicit substance use among African American women (6.2%) is higher than the national average, which is 5.7%. China, India, and Russia, are the home to a combined 4.6 million of the world's injecting drug users (IDUs) and drug use among women appears to be on the rise, and in many regions more women are seeking harm reduction services and drug treatment (UNODC, 2004).

1.3.2 The scenario of rising female drug abuse in central Asia including Bangladesh

In Central Asia drug abuse is increasing rapidly among women (Godinho et al., 2005), Bangladesh is not out of its dangerous grip. According to United Nation survey report some 65 lakh people in Bangladesh are drug addicts. Of them 13 per cent are female and rest 87 per cent are male (as cited in Akhter, 2012). Government and non-government sources mentioned that at least 1 lakh and 50 thousands women are drug addicted, 90 per cent of them are young people between ages of 18 to 25 (as cited Akhter, 2012). Study found that 17% of the female residential students of Dhaka University are substance abusers. Commonly used substances are cannabis (44%) and phensidil (44%) while sedative ranks second (32%) (Akhter, 2012). According to Mahmud (2009) in front of the Institute of Fine Arts of Dhaka University, many females are seen taking drug and in the premises of central Shaheed Minar, there are witness heavy rush of female drug addicts, especially in the evening (as cited in Akhter, 2012).

Since 1998, in Bangladesh National Surveillance of HIV has been conducting research with Government with the help of ICDDRB and CARE B. Azim and colleagues from ICDDRB and CARE Bangladesh conducted a study in 2005 of 130 Female IDUs investigating risk behaviors and comparing sex-workers and non-sex workers. Some special issues rose from this research. For example, high-risk behavior, overlap between sex and drug network, social exclusion and violence etc. (Azim et al., 2006).

1.3.3 Why are the numbers of female abusers rising?

Societal change might be an explanation behind this issue. Stigma associated with women's drinking, for example, has declined in the last decades (Greenfield, 2002). Again women entering the workforces and working in previously male dominated job, the diversification of the woman's role, may play to create the opportunity for abusing substances (Wilsnack & Wilsnack, 1995). Opportunity is a matter for abusing drug, for example girls accept the offered drugs at the same rate as boys. Girls, however, do not receive as many offers as boys (NIDA, 2002). Additionally, societal reaction to various drugs changes with time and place. For example, today Opium is illegal worldwide but it was legal in eighteenth centuries. Alcohol use was widespread in the United States in the early 1800s, became illegal during the 1920s, and then was legalized a second time and has been widely used since the 1930s. Cigarette smoking is legal in all countries today. It was illegal in most countries, and smokers were sometimes harshly punished in 17thcenturies. Also, since women are leaving the home in increased numbers, female alcohol consumption, for example, might also have become more visible. Additionally, women might want to copy male behavior to fit in (Hammer & Vaglum, 1989).

1.4 Initiating Factors of Drug Abuse among Female

Literature suggested a variety of reasons for initiating female drug abuse. Women are more likely to be introduced to initiate alcohol and drug use through significant relationships including boyfriends, spouses, partners, and relatives. It may be true that as they get influenced more by boyfriends or husbands; and they change their all wishes according to the demand of their partner. Substance-dependent females have more substance-dependent spouses or partners, compared to substance dependent men (Amaro & Hardy-Fanta, 1995; Henderson, Boyd & Mieczkowski, 1994). So, it can be concluded that females often use chemicals by the influence of partners.

There is strong indication in the existing literature that childhood sexual abuse and sexual trauma in women who abuse drug are very high (Teets, 1990; Young, 1990). Indeed, it has been suggested that sexual abuse may be an etiologic factor in women's substance abuse (Benward & Densen- Gerber, 1971; Davis, 1990). In women life, sexual assault is more prevalent which is 13 to 44% (Russell, 1982) and compared to other trauma, sexual trauma has been found to be connected with posttraumatic stress disorder (Breslau, Davis, Andreski, & Peterson, 1991; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).

In a study by Yandow (1989), approximately 75% of alcoholic women who enter treatment have a history of sexual abuse and another report estimated that 67% of the female drug user enrolled in an urban treatment programme reported childhood sexual abuse (Boyd, 1992).

Miller, Downs, Gondoli, and Keil (1987) compared 45 alcoholic women with a group of 40 nonalcoholic women, who were randomly selected. They found that 67% of the alcoholic women experienced sexual abuse as compared to 28% of the non-alcoholic women.

Miller et al. (1987) suggested that sexually abused women who cannot cope with negative feelings about themselves might initiate drinking to relieve feelings of discomfort.

Women have indicated that women enter treatment, stay in treatment, and complete treatment at lower rates than men do (Jersild, 2001). Current substance abuse treatment models are less effective for women than they are for men (Jersild, 2001). Existing research indicating the data regarding this issue that most of the research on addiction including treatment programme were based on male participants, they typically used the male as the norm when studying the etiology and effective treatment for recovery from addictions (Kandall, 1996; Goldberg, 1995). But Women face different social expectations than men and, consequently, experience different stressors. Much of the research suggests that differentiating treatment considering gender is essential in creating effective treatment programmes (Russell, 1994; Nelson-Zlupko, Kauffman & Dore, 1996; Root, 1989). Differences in etiology of substance abuse and gender specific treatment approaches have been the focus of much current research (Naegle, 1988; Wallen, 1992; Wilsnack & Wilsnack, 1991).

Gender based discrimination may have a significant role to initiate drug among woman such as women are for nurturer and caretaker and that she be unassertive and less Independent. This discrimination has placed women towards oppression. “Oppression is defined as systematic harm that people with power do to people with less power” (Goldberg, 1995). Pain, alienation, low self-esteem, and higher levels of anxiety and depression are the common consequence of oppression. Women abuse both licit and illicit drugs as a way to cope with oppression (Goldberg, p. 791, 1995). In Bangladesh, as in many other society, inequality exits between the gender. They have to confront with challenges in every sphere

of their life including home, office and their work places. Power imbalance relating to gender is compounded for female drug abuse. Research suggested high rate of intimate partner violence among women who abuse drugs (Miller, 1998).

Across ethnic and cultural population groups, major risk factors for substance initiation and dependence among women include chaotic, argumentative, blame-oriented, and violent households. As a general tenet, women who grew up in families where they take on adult responsibilities as a child, including household duties, parenting of younger children, and emotional support of parents, are more likely to initiate drug and alcohol use. Women who are dependent on substances are more likely to have a history of over-responsibility with their family of origin (Nelson-Zlupko et al., 1995).

In so-called male dominating society, they define the beauty of a female through a frame. They want females should be set with this frame to prove themselves beautiful. The frame, which is made by society, is slim, thin and glamorous. In addition, the popularity of yaba to create effect on reduction of body weight is seen as an important factor for rising of female drug abuse. Depending on the physiological effects of the substance, some women reported that they initiated use due to a desire to lose weight or to have more energy; e.g., methamphetamines use (Brecht, O'Brien, Mayrhauser, & Anglin, 2004). Study addressed some barriers to cessation among women, including potential poor response to pharmacotherapy, negative affect or anxiety, and concerns of weight gain (Allen, Allen, Kotlyar, Lunos, & Hatsukami, 2012).

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according to the demand of their partners. Substance-dependent females have more substance-dependent spouses or partners compared with substance dependent men (Amaro & Hardy-Fanta, 1995). So, it can be concluded that females often use chemicals more in their private setting.

Research showed that women have vulnerability to abuse drug by taking prescribed psychotropic drugs. They frequently die from antidepressant drug abuse. They mostly misuse tranquilizer and antidepressant (Johnson, 1987). From the above discussion it can be summarized that women face tougher challenges. They tend to be relieved from challenges quickly by using addicted substance. Some studies indicated that drug dependency in females might result from inappropriate medication prescribed by physicians, mass media effects, and personal desire to mental manipulation (Kandall, 2010).

1.5 Consequences of Drug Abuse among Females

Many researches suggest that woman get addicted faster by using smaller amounts of drug. Women therefore suffer from more clinical profile such as medical, behavioral, social problems than those of men, despite using less amount of substance and having used the substance for a shorter period of time, compared with men. Many researchers defined this vulnerable condition as ‘telescoping’’. It is an accelerated progression of symptoms of addiction among women due to substance abuse (Kandel, Warner, & Kessler, 1998). Biological factors contribute to the telescoping. Females have less muscle tissue and enzyme than those of men. They metabolize alcohol, which are less efficient in woman, that dilutes less and which causes women to become addicted faster despite having smaller amounts of drugs. For example, women tend to increase their rate of consumption of alcohol, marijuana,

opioids, and cocaine more rapidly than do men (Brady, 1999). Furthermore, women face more difficulty to quit drugs than men do (Back, Brady, Jackson, Salstrom, & Zinzow, 2005). Results of a study on 38 females and 28 males cocaine dependent out patients were exposed to cocaine cues in a laboratory setting- indicated that females were more likely to report increased craving in response to the cues than male (Robbins, Ehrman, Childress, & O'Brien, 1999).

Drug abuse can also bring a black period in women's life. During pregnancy period drug abuse can create a major health problem because of its potential effects on the embryo and fetus. Drug abuse during pregnancy can harm the fetus (Nelson-Zlupko, Dore, Kauffman, & Kaltenbach, 1996); often can give birth to premature baby (Parazzini et al., 2003) and low birth weight newborns (Shu, Hatch, Mills, Clemens, & Susser, 1995), and also newborns with congenital malformation (West & Blake, 2005). So, it can be said that drug addiction among pregnant women are special concern (Ibrahim & Gfroerer, 2003) as child health issue is related to this.

Compared to male substance abusers, female substance abusers may have more physical problems and females appear to be more vulnerable than males to the physiological effects of substance abuse. For example, in a study it was found that women have more liver disease than that of men (Gentilello et al., 2000). Many studies suggest that females are more vulnerable than males to the adverse neurologic consequences of alcohol (NIAAA, 1999; Prendergast, 2004; Wuethrich, 2001). Females may have more alcohol-related cardiac problems than males (Blume, 1997). Drug addicted woman have not only physiological problems, they are also vulnerable for psychological problems (Davis, 1990).

Female suffers from co- morbid disorder than that of males such as depression, anxiety, bipolar affective disorder, phobias, psychosexual disorders, eating disorders, or posttraumatic stress disorder (PTSD) (Boyd, 1993).

Gender based expectations caught women in their various types of cultural roles. They have lack of information about how and where to access treatment without being stigmatized. Gender is especially important in substance abuse treatment services research because the background characteristics, substance abuse patterns, and personal histories of female substance users may differ from those of males. Though they are more vulnerable but they have little excess in treatment. Many times women face barriers to take treatment because of limited social networks and the stigma around women who use drugs. Most of the women take drugs for the influence of partner (Willis & Rushforth, 2003). The social network of women specially injecting drug users differ from that of men because their key relationship also being injecting drug users women who use drugs, specifically injecting drug users, differs from men with more of their key relationships (Pinkham & Malinowska-Sempruch, 2007). In addition child caring issues and responsibility is also one most their significant barrier to seek their treatment (Amaro & Hardy, 1995).

Studies in Iran explore four elements, which are addressed as obstacles to having treatment by the drug addicted women. The obstacles found were: stigma, shame feeling, humiliation, family and society rejection, poverty, financial barriers, restrictions of services. The more obstacles were: shortage of female physicians and counselors to educate health services, inappropriate health conditions and welfare facilities, concerns about weight gain, choosing drug consumption against emotional problems, having stressful lives (Bagher, Zafarghandi, & Jadidi, 2015).

Women's sexual health may maintain in unhealthy way during drug abuse. Women's excessively engage in risky sexual behaviors while they takedrugs. For example, they cannot make their partner to use condom (Pinkham & Malinowska-Sempruch, 2007). Women who use drugs, sometimes they believe that they are unable to conceive, so they become pregnant accidentally due to lack of using contraception. Before 2nd or 3rd trimesters they are unable to notice the sign symptoms of pregnancy like nausea and missed periods are unremarkable to women who regularly misuse drugs (Pinkham & Malinowska-Sempruch, 2007). Research shows that women drug users undertake prostitution as a profession to pay for housing, food and drugs for themselves and for their partners (Roberts, 2007)). This exposes women to a range of dangerous behaviors including rape, violence and sexually transmitted infections.

Research suggests that women accelerate to injecting at a faster rate than men (Bryant & Treloar, 2007). Women are more likely to be involved with a sexual partner who also injects. While various personalities and interpersonal factors influence needle sharing among women (Brook, Brook, Richter, Masci, & Roberto, 2000), women are more likely to inject with and borrow needles and equipment from their partner, spouse, or boyfriend. In 1997, women represented only 41% of the people living with HIV. At the end of 2006, women accounted for 48% of all adults living with HIV worldwide, and for 59% in sub-Saharan Africa. (UNAIDS/WHO AIDS Epidemic update, December 2006).

From literature review it is known that between 1974 and 1999 there has been an exploration in women prison inmates in the United States. The number of female prison inmates increased from 7389 to 82594 (Bureau of justice statistics, 2001). Several findings indicate that most have been arrested for a drug or property related crime, have substance use problems and are mothers (Wellisch, Prendergast, & Anglin, 1994; Snell, 1991). Research

also suggests that many of the incarcerated women met life time criteria for alcohol, drug and mental health disorder that were significantly related to their use of substance abuse and mental health treatment service (Jordar & federman, 2002).

1.6 Implication of the Study in Bangladesh Context

Women have different treatment needs than men, in respect of the gender-specific differences in etiology and patterns of substance abuse (Ashley, Marsden, & Brady, 2003). This study broke the silence regarding female drug abuse in Bangladesh. The present study was conduct focusing on listening the voice of the females whose voice, statement, experience were still unknown to the society. Merely societal inattention may not be considered as a big issue, in-fact women are not still concerned and educated about the female drug addiction problem. So, it was hopefully expected that a lot of significant issues are focused through this study. The result of the study might create the societal change where the eye of the society become problem focused rather than gender focused. By listening to female voice and experiences, this study would add knowledge about the possible reason behind female drug abuse and the consequences that they face throughout the addict life.

1.7 Rational of the Present Study

Globally, the research related drug abuse among female have been conducted very little, which is also true in Bangladesh. Researcher examined that female have been influenced by some unique factors which are related with drug abuse among female.

In Bangladesh there have lack of research about the associate factors of drug abuse among female. So, what psychosocial factors lead those to take drug are required to be explored. It has been found that the outcome of treatment is poor incase of female when compared with male. Because the specific needs can't be addressed during treatment programme (Kasl, 1992; Glover, 1998). It is fact that female related issues are still hidden and unexplored. If the psychosocial factors are explored through this study, a good service plan might be addressed.

1.8 Question of the Present Study

What are the psychosocial factors associated with drug abuse among females?

1.9 Objective of the Present Study

General objective

- Exploring psycho-social factors related to drug abuse among female drug users.

Specific objective

- Exploring the factors of drug initiation among female drug abusers.
- Exploring the factors for maintaining and increasing drug addiction among female drug abusers.
- Exploring the factors related to health care seeking behavior among female drug abusers.

1.10. Methodological Issues

1.10.1 Qualitative research

Literature review indicates that still, there is a scarcity of adequate information and knowledge in this challenging domain of female drug addiction all over the world. In Bangladeshi context, knowledge in this area is almost non-existent. No empirical study has been conducted on the issue of female drug addiction. Only informal descriptive knowledge is available in the form of professional discussion and case exposure. As inadequacy in knowledge in an area requires careful exploratory study, it was obvious that the present research there demanded qualitative investigation.

A carefully design qualitative research can produce knowledge at both the level of descriptions and explanations. Such reseach can aim to ‘give voice’ to those whose accounts

tend to be marginalized or discounted. It can aim to interpret what people have said in order to explain why they may have said it. It can aim to make links between micro-processes. It may be designed to capture the subjective 'feel' of a particular experience or condition.

1.10.2 Grounded theory methodology - an overview

The grounded theory approach is both a way to do qualitative research and a way to create inductive theory. The approach was developed by the sociologists Glaser and Strauss in the USA. Their first book *Discovery of Grounded Theory* was published in 1967. They were unhappy about the way in which existing theories dominated sociological research. They argued that researchers needed a method that would allow them to move from data to theory, so that new theories could emerge. Such theories would be specific to the context in which they had been developed. They would be 'grounded' in the data from which they had emerged rather than rely on analytical constructs, categories or variables from pre-existing theories. Grounded theory, therefore, was designed to open up a space for the development of new, contextualized theories.

"Grounded theory is the systematic generation of theory from data acquired by a rigorous research method. Grounded theory is not findings, but rather is an integrated set of conceptual hypotheses'' (Glaser, 1998; p. 3).

According to Glaser (1998), the defining components of grounded theory practice include:

- Simultaneous involvement in data collection and analysis.
- Constructing analytic codes and categories from data, not from preconceived logically deduced hypothesis.

- Using constant comparative method, which involves making comparisons during each stage of the analysis.
- Advancing theory development during each step of data collection and analysis.
- Memo-writing to elaborate categories, specify their properties, define relationship between categories and identify gap.
- Conducting the literature review after developing an independent analysis.

1.10.3 Data analysis in grounded theory

Coding. In Grounded theory methodology, coding is an important technique to examine interviewee's accounts at different levels.

Open coding. also known as line-by-line coding, provides a good starting point to identify initial phenomena and produce a list of themes of importance to the interviewee. These labels can correspond closely to the interview context and when taken from the interviewee's own words, are known as *in vivo code*. Codes are assigned to participants' words and statements to develop concepts, constituting the start of the analytic process. The next coding phase is more abstract than open coding and known as *focused coding*or selective coding. Focused codes are applied to several lines or paragraphs in a transcript and require the researcher to choose the most telling codes to represent the interviewee's voice. Another phase of coding is *axial coding*, defined by Strauss and Corbin as "the act of relating categories to subcategories along the lines of their properties and dimensions" (Strauss and Corbin, 1998, p. 123). The aim of axial coding is to add depth and structure to existing categories. Charmaz (2006) explains that axial coding re-assembles data that has been broken up into separate codes by line-by-line coding. Strauss and Corbin (1998) use axial coding to investigate conditions of situations described in the interview, their actions and

consequences. Charmaz (2006) warns that axial coding applies a too rigid and formal frame to the data analysis. Instead she recommends the less formalized approach of reflecting on categories, sub-categories and to establish connecting links between these to make sense of the interview data. The most abstract level of coding is *theoretical coding*, which explores the relationships that have been established between categories. Several 'rules' or "analytic coding families" are put forward by Glaser (1978) to develop an advanced analysis of the subject area.

Developing theory

The method of how to code an interview and develop a theory is based on the fieldwork, is designed in simplified form in Figure-1 (Steps in Developing a Grounded Theory), below. After coding several interview transcripts a researcher can identify many issues that are of importance to the respondents and the study objectives. These issues are also known as *phenomena* and are assigned a conceptual label to become a *code*, also known as a *concept* by Strauss and Corbin (1998). Some codes or concepts will share the same or similar characteristics and can be pulled together into more abstract *categories*, which can typically be interlinked and build the basis for a theory.

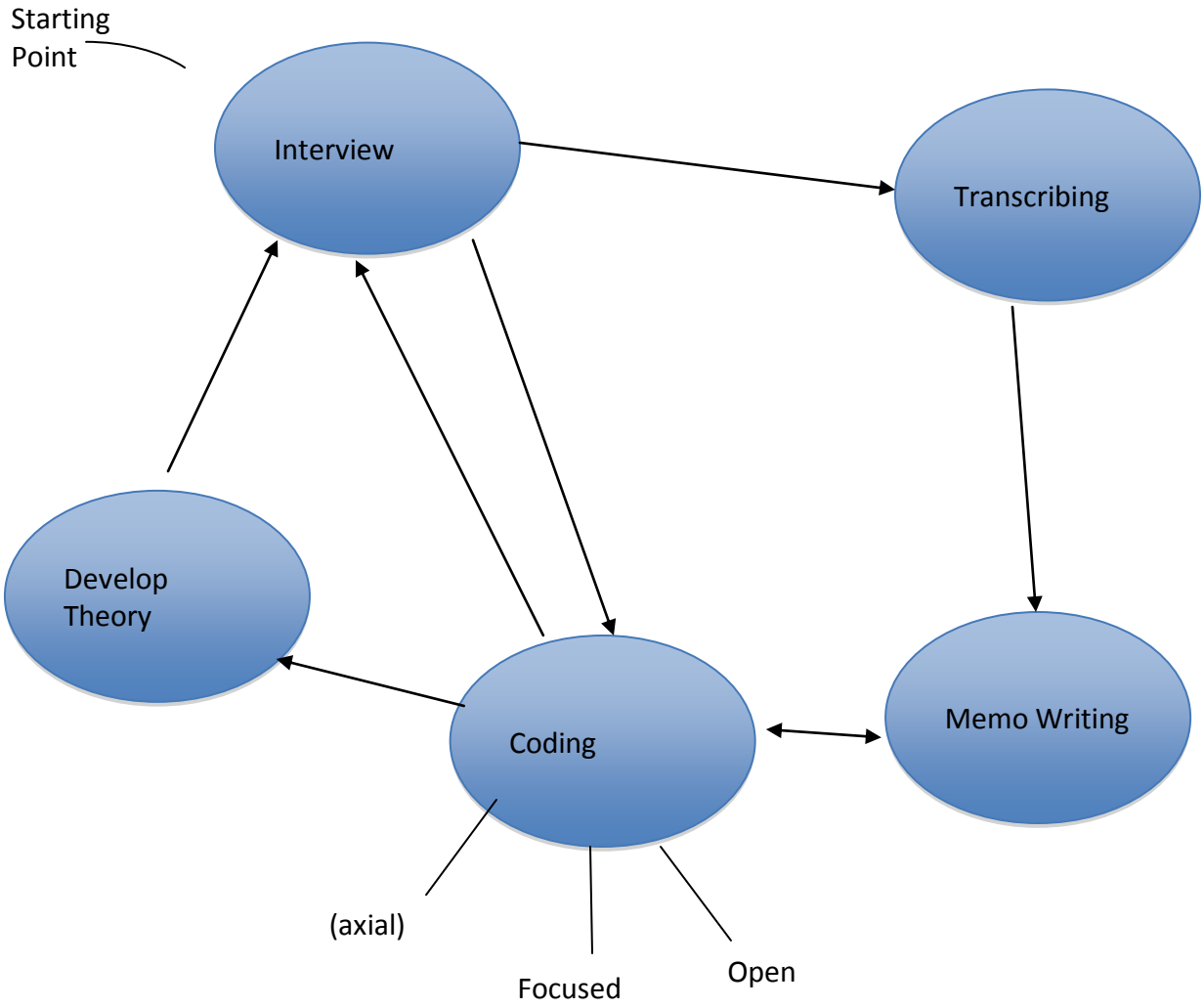


Figure-1.1: Steps in Developing a Grounded Theory

CHAPTER 2

METHOD

In this chapter, the research method of this study is presented. This section describes how the sample was collected, and how the data were collected and how the data analysis was done. Ethical issues are also discussed in this chapter – including how the code of ethics were ensured in this study.

2.1 Applying Grounded Theory to the Research Question

Grounded theory was selected as the methodology for the present study due to some reasons. First, grounded theory is one of the central techniques for understanding phenomena about which little is known. The inductive process of grounded theory allows the participants to speak for their experience to be understood from their own perspectives. As the existing literature can illustrate very limited and insufficient knowledge on female addiction, grounded theory is particularly helpful here, in understanding the main concern of my study, how does female get involved in drug life?‘ Very few investigations have focused on understanding the specific issues related to female addiction and the associated psychosocial factors. So, this perspective is essential for understanding the interrelation of psychological and social factors playing a significant role in the process through which the individuals become drug addicted on their own.

Second, Grounded theory is unique among qualitative research techniques in terms of theory construction. Grounded theory focuses on emergent theory that is rooted in the data rather than relying on existing theory. It assists in understanding the experiences of the participants in their own right rather than through the lens of pre-existing theory. This study

was targeted to explore the issues related to drug addiction among females that have been overlooked by the existing theories. So, grounded theory method seemed to fit best with the purpose of the present exploratory study, as it is the first such exploration in the context of Bangladesh.

2.2 Participants

The samples in this study were drawn from rehabilitation centers, psychiatric chambers and hospitals. The rehabilitation centers were Crea, Brain and life hospital, Dhaka Ahsania Missson.

2.2.1 Inclusion and exclusion criteria.

To ensure the accuracy of data collection and to maintain the ethical standard of data collection the following inclusion and exclusion criteria were used.

Inclusion criteria. Inclusion criteria were as follows:

1. Only Female Drug users whose age was above 18 years and above to 59 years.
2. Having history of substance abuse assessed or diagnosed by a psychiatrist, and who was attending in a psychiatric hospital or a rehabilitation center in Dhaka city.
3. Willing to participate in the Study

Exclusion criteria. Exclusion criteria were as following:

1. Not willing to participate in the Study
2. Female drug abusers who were mute, stupor, non communicable due to cognitive impairment and drug induced psychotic problem, demonstrating in withdrawal symptoms

2.3. Sampling

Purposeful sampling was used to select the participants. The strategy was to select participants who were information rich and illuminative, that is, they offer useful manifestations of the phenomenon. Studying information-rich cases yields insights and understanding rather than empirical generalizations.

2.3.1 Theoretical Sampling

After conducting initial data collection and analysis, theoretical sampling used to determine the Sample next and what questions to ask during interviews. Some focused questions are raised for emerging theory in this process. Therefore, participants need to be selected carefully based on the demands of emerging theory. The sampling process is thus termed as –"theoretical sampling'.

2.3.2 Theoretical Saturation

The concept of Theoretical saturation is a situation when researcher gets no more new information from the participants.

2.3.3 Maximum variation

During data collection maximum variation was insured in terms of age, education, profession, socio – economic status, duration of drug abuse behavior.

2.4 Participants Characteristics.

11 clients were included in this study. Some of them were taking indoor service and some were in follow up session.

SL	Age	Marital Status	Occupation	SOS	No of Treatment	Used Substance
Case-1	21	Unmarried	Student	Middle	3	Yabba
Case-2	21	Unmarried	Student	Middle	3	Yabba & Smoke
Case-3	25	Divorce	Student	Middle	2	Yabba
Case-4	28	Married (separation)	Un Employed	Middle	2	Yabba & Smoke
Case-5	30	Divorce	Un Employed	Upper	1	Yabba,smoke,heroine,alcohol
Case-6	30	Divorce	Job Ness	Upper	1	Yaba,smoke,heroine,alcohol, phensedyl
Case-7	31	Divorce	Model	Middle	2	Yaba,smoke,alcohol
Case-8	32	Unmarried (separation)	Jobless (NGO)	Middle	1	Alcohol & Yaba
Case-9	36	Married	Jobless (Doctor)	Upper	1	Phensedyl, Yaba
Case-10	50	Married	Employee	Lower	Several	Yaba,smoke,heroine,alcohol, phensedyl, others
Case-11	52	Divorce	Employee	Lower	Several	Yaba,smoke,heroine,alcohol, phensedyl, others

Table-2.1: Participants Characteristics

2.5 Data Collection Method

I used in depth interview as a primary process of data collection. Additional sources of data collection were observation, memo writing, and member check.

2.5.1. In depth interview

The interview in this study consisted of three sections. The first section contained questions about the demographical information of participants. These questions were asked to make respondents feel at ease and comfortable to interact with me. The second section contained a broad general question: How was she feeling. That was used as an introduction before focusing on the main questions about the study. The third part consisted of the main questions regarding the study. It helped to explore the present topic related issues of the participants. The interview focused on the description of factors, which were related to drug taking behavior of the target group. It allowed the researcher to conceptualize the associated etiological factors of drug abuse among female.

2.5.2 Supplementary method

During in-depth interview data were also collected through observation and member checking to enhance the richness of data.

Observation. Observation is a very strong study tool of qualitative research but I did not use systematic observation method in this study. I conducted informal observation, as researcher is a key tool of qualitative research, which helped me to interpret the data.

Member checking. Member checking process was done when preliminary theme was collected.

In member checking category and theme were sharing and clarifying with the participants. This process helped to collect further data to interpret the findings.

2.6 Tools

Some paper-based instruments were used. I was conducting the interview using demographic questionnaire (Appendix-B) and topic guide (Appendix-A1, A2).

2.6.1 **Development of the topic guide**

To explore psychosocial factors of female drug abuse, topic guide was used. To design that topic guide, a step-by-step procedure was followed.

- At first, the interview of two female drug abuse cases was conducted to make the conceptual research framework of the study.
- Mind map was creating by brain storming through the discussion of researcher and supervisor.
- Initial topic guide was made based on mind mapping.
- Expert meeting was conducted with the experts in the field of drug abuse.
- Before starting final data collection, this topic guide was applied on a case of female drug abuse for field-testing of the study.
- The topic guide was finalized.

Figure-2.1: Steps of Preparing the Topic Guide

2.6.2 Voice recorder.

A digital voice recorder was used to record the data.

2.7. Data collection Procedure

I met participants on appointment times for interview. The consent form was given to the participants to read. After getting signature on the consent paper, I started to take interview. Consent form explained the information about the purpose of the present study, the future benefit of the findings. Beside this I explained verbally about my research (Appendix-D). Sometimes it took one hour to one and half hour as session time. I took the

interview in written format and used the recorder to record the session. Prior to starting interview demographic information form was completed. I did transcripts of the audio taped data. Face to face interview was done with all participants in a suitable place. Interview location was selected based on the participant's choice. Data collection procedure was continued based on the concept of saturation. At that time I made them sure that their all information would maintain anonymity and confidentiality. The transcription and audio recording were kept in a locked file to maintain confidentiality; only researcher and her supervisor had the access to them.

2.8 Data Analysis Procedure

Data analysis was conducted using the procedures described by Corbin and Strauss (1967). Qualitative data analysis software NVivo -10 was used to aid this process.

- Open coding to capture the detail variation, complexities of the qualitative materials.
- Constantly comparing the data.
- Sampling new data on theoretical grounds as analysis progresses.
- Writing theoretical memo to explore emerging concept and links to existing theory
- Emerging more focused coding (focused, axial, theoretical coding) of selected core categories.
- Continuing to code and comparison and sample theoretically until the point at which no relevant insight being reached.
- Building conceptual model and data display linking it to the existing literature; writing extended memo and formal theory.

2.8.1 Data transcription

An M.S student of clinical psychology was appointed for the transcription of data. Four interviews were transcribed by the researcher herself and the seven were transcribed by the research assistant. The researcher for accuracy with the recorded version audited all the transcriptions. Interview transcripts were saved as Microsoft Word documents and then were imported into NVivo project file

2.8.2 Memo writing

The codes and categories go some way towards analysis, but until the analysis has been fully written up it is not complete. Memo writing is the intermediate step of ideas recorded during analysis. It is not fixed idea as they are initial analytical thoughts and can be altered as thinking changes. In grounded theory research, memo writing plays important roles throughout, from theoretical sampling during data collection to advanced stages of data analysis i.e., selective coding.

2.8.3 Open coding

Open coding, also known as line-by-line coding, provides a good starting point to identify initial phenomena. Conceptual labels were attached to almost every line in the interview transcript to capture what had been said. Codes were assigned to participants' words and statements to develop concepts, constituting the start of the analytic process. The researcher codes all the data and places each code in as many substantive categories as appropriate.

Categories were the clustered codes from the open coding process. Constant comparison method; constantly comparing data for conceptual similarities and differences

were done. During open coding the data are broken down into discrete parts, closely examined, and compared for similarities and differences, and questions are asked about the phenomena as reflected in the data (Corbin and Strauss, 1990).

2.8.4 Axial coding.

Through the axial coding process, the codes were analyzed that emerged from the research, according to their relationships with one another. Axial coding was used to make these inherent relations by linking of concepts. It involves re-building the data (fractured through open coding) in new ways by establishing relationships between categories and their subcategories.

2.8.5 Selective coding.

Selective coding is often considered the final phase of coding in grounded theory research. In this phase, integrate and refine the categories into a theory, which accounts for the phenomenon being investigated (Darke et al., 1998)

2.9 Ethical Considerations

The research was approved by the ethical review committee of the Department of Clinical Psychology, Dhaka University (Appendix-E). The researcher took written informed consent from the subjects. Their privacy, ambiguity and confidentiality of information were maintained and the subjects were assured of the same. The participants were informed about the duration, nature and process of the present research. The participants were also informed about the purpose of the present research and its procedure. Their right not to participate and to withdraw from the research was insured. The data collected from the clients was used only for research purpose.

2.10 Permission to conduct the study

Permission to conduct the study was obtained from the director of rehabilitation center, supervisor, and participants and related key members.

2.11 Debriefing

Before conducting interviews, I explained the purpose and procedures of the study. Participants were informed about all the procedures that were to be followed in this study. An attempt was made to remove any misconceptions that the participants may have about the study.

2.12 Voluntary participation

Before conducting the interviews, I made participants aware that participation in the study was voluntary, that they may withdraw from the study at any time if they wish to do so However, the participants were informed that their participation was important for this study and that it will contribute to understanding the reasons for female substance use.

2.13 Informed consent

Informed consent was obtained from the participants who were willing to participate in the study. The consent was ensured in writing. The participants signed informed consent forms. The participants were informed that they were free to ask questions (Appendix-C).

CHAPTER 3

RESULTS

About 53 categories of psychosocial factors were explored to understand the following objectives, this are-

- *The initiation factors of female drug abuse*
- *The maintaining factors of female drug abuse and*
- *The factors associated with their health care seeking behavior*

These factors formed 14 themes based on the underlying similarities. Further analysis organized the themes and categories into seven broader themes. The following table represents these are -

Tables-3.1: Results of Broader, Themes & Category

	⟵	⟵
Broader themes	**Themes**	**Categories**
Deprived feelings of parental love and care	Discriminative parenting	❖ Affectionless rude Parenting ❖ Religious rules only upon female ❖ Gender discrimination ❖ Over Responsibility
	Trauma	❖ Victims of parental domestic violence ❖ Parental loss ❖ Unstable shelter

		❖ Childhood sexual abuse and poor resources of recovery
Influences of the institution	Family attitude about drug	❖ Family as a drug spot ❖ Normal and accepting issue
	Social attitude about drug	❖ School environment ❖ Cultural environment ❖ Professional environment (antisocial group, prostitution group)
The impact on selfhood	Mental status	❖ Emotional distress ❖ Conflict with Family and social relationship ❖ Belief about physical appearance
	Form the behavior pattern	❖ Masculine type attitude ❖ Sensation seeking behavior ❖ Self concealment from parents
Craving for belongingness	Disconnectedness	❖ Disconnected from family ❖ Disconnected from the main stream of the society
	The vicious cycle of drug abuse and violence	❖ Male partner is the main gateway of taking drug ❖ A kind of relationship with drug for belongingness

		❖ Beautification ❖ Sexual perpetrators naming boyfriend ❖ Cope with break up pain ❖ Chemical type ❖ Emotional conflict between drug leading and drug quieting emotion. ❖ Functional role ❖ Intimate partner violence ❖ Worry about single parenting ❖ Unhealthy sexual life ❖ Withdrawal effect ❖ Singlehood
Emerging awareness created by negative effect.	Disrespect of womanhood	❖ Identify themselves as sexual object ❖ Decrease the demand of sex cost
	Mother role is being a perpetrator of violence	❖ Baby abortion ❖ Baby deprived from breast feeding ❖ Dissatisfaction in playing mother role ❖ Infertility

Obstacle against recovery	Hopelessness due to loss	❖ Career loss ❖ Loss of domestic life ❖ Loss of healthy life ❖ Loss of marital dream ❖ Loss of motherhood
	Structural barrier of seeking treatment	❖ Abusive hospital setting ❖ Conflict and influence of partner ❖ Fear of losing child ❖ Humiliation by the family members ❖ Lack of treatment accessibility
Expectation for recovery	Expectation for get away	❖ Collapsing life
	Self as being a partner in a relationship	❖ Self as being a daughter ❖ Self as being a mother ❖ Self as being a wife

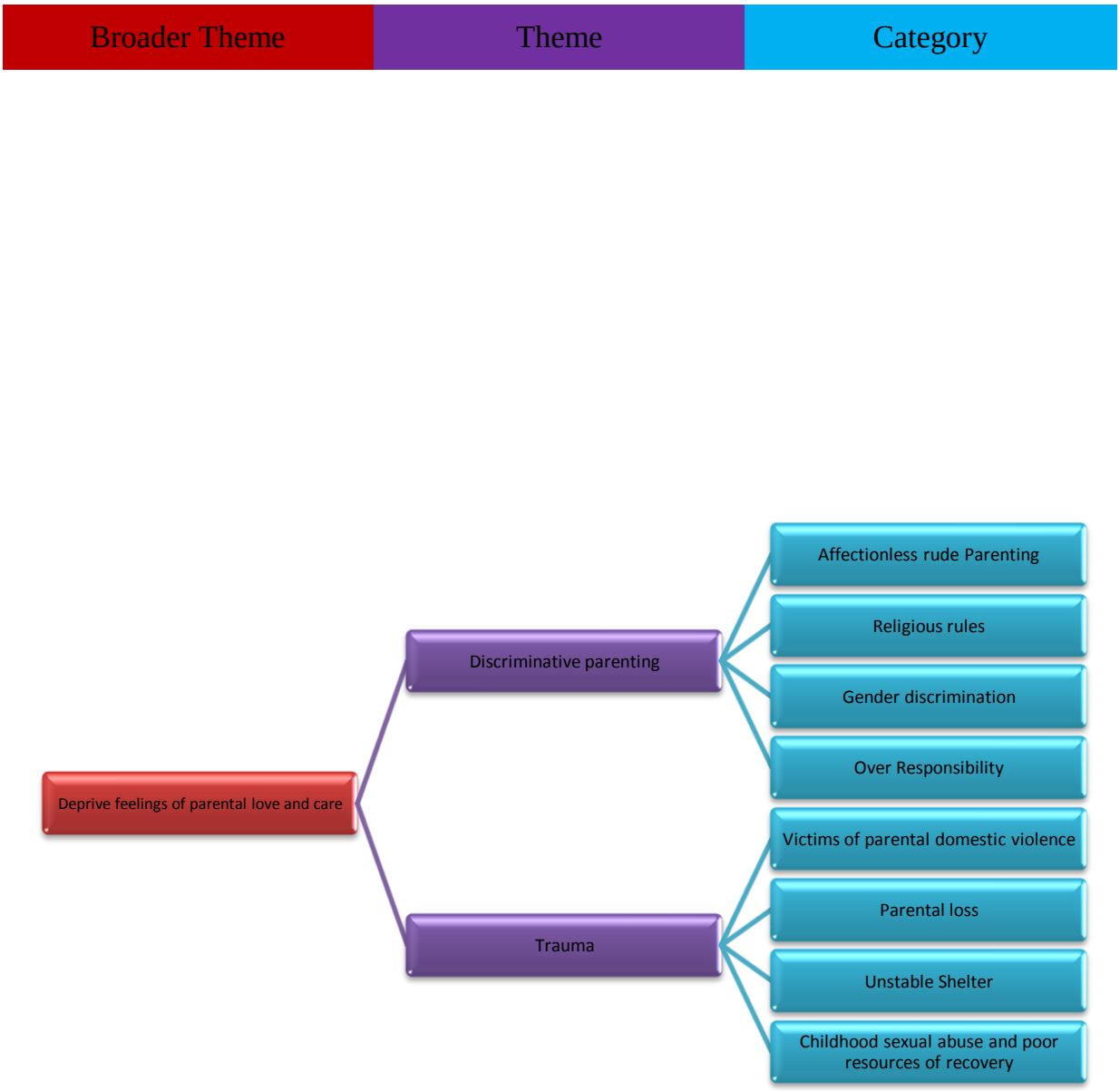


Figure-3.1: Broader Theme, Deprived Feeling of Parental Love and Care

3.1 Deprived Feeling of Parental Love and Care.

The first broader theme is “deprived feeling of parental love and care”. This study identified eight- categories (affectionless rude parenting, religious rules only upon female, gender discrimination, over responsibility, victims of parental domestic violence, parental loss, homelessness, childhood sexual abuse and poor resources for recovery) that relate to love, care, and attachment in parent-child relationship of the participants during their early childhood upbringing period. These categories appeared under two closely related themes (discriminative parenting and trauma) that made up the broader theme “deprived feeling of parental love and care”.

3.1.1 Discriminative parenting

Discriminative parenting styles include the categories including- affectionless rude parenting, over responsibility, parental gender discriminative attitude, and parent-imposed religious restriction only upon female in the family.

Affectionless rude parenting. Most of the respondents (5/11) reported that they had dissatisfaction on father role. They experienced many traumatized incident regarding fathering. One participant reported that her father said to her friend that his daughter sell ‘’Yaba’’ that’s why police sent her to jail. Father wanted to create the social isolation of his daughter. Others reported that their father used to punish them physically and mentally. According to their statements - they had no freedom, no choice on their own life. The following statements reveal their intense rage against their father.

"Everything happens only for father. My world is with my father. I love dad very much. But father has become curse in my life. It is father who gives me pain, punishment and misinterprets me. He does not try to understand me. It is true that conflict never begin from one side. I also might not do what my father desired. My pattern is same with my father's personality. I am stubborn just like my father. Father expects that everything should be done according to his words, on the other hand- my demand is that everything should be according to my choice."

Religious rules only upon female. Participants (3/11) reported that female members of the family were forbidden to do anything. As they were girls they were bounded and restricted by religious rules. The statement of the participants-

"I had interest in dancing. I had all interest even after the death of my father. I had completed 3-year diploma course on dancing. I was beaten by mom on two days for dancing. According to my mom, females should not learn dancing. Mother said that we are Islamic minded family. So dancing is sin for us and forbidden also. She also said that showing dance performance in various places is a great sin"

"Why is the religion being wrongly imposed on me? If you can do that work, I can also do the same. So the questions arose in my mind on what my father said for the sake of the religion. Such a thing is mentioned nowhere. In case of going outside, when I informed my father that I would be late to return, father instructed me that females are forbidden to do this. Then I noticed that he only permitted his son to go abroad (China) but nowhere mentioned that girls are restricted to do the same. Girls also can. For this girls have to be given access to that place."

Gender discriminative attitude of parents. Most of the participants (3/11) reported that they got the discriminative attitude from their own parents. Parents voice was with the label of "Meyemanus" (female person). They address "Meye Manus" (female person) means she cannot do anything's as her choice. Parents expect from them culturally bound role. But they felt sad seeing their own mother's fate what she got return from her father, was the main concern of them regarding mother's role as well as the traditional societal male based norm where females are bound to receive all dominating attitude of male.

"Ill words and attitudes towards female person (meye manush) strongly persist in my family. I opposed this attitude all the time. My question is always that why female person is called with bad words? Any activity which is bad for boys is also bad for girls. I always thought female person can do everything. As a result I had wished to experiment the substance. From the early age every time I had to hear that you are a female person."

"Repeatedly, it is said male person, male person. Boys can do, girls can't do. Male person is not called male person but female is always named female person. In my early childhood I read a paragraph on gender discrimination. Why are u making me educated? Gender discrimination- taking place every day in my house. I finally decided not to study."

In respect of drug they believe that female are not so unskilled and unable to absorb drug. So they hardly admit that there is no opportunity to get pleasure out of drug because of being female.

"I have been able to smoke. Who said female couldn't do such a thing? It can be. If I want I can take the taste of it."

They also said that their mother felt so much attraction to their son and the importance of daughter was less than the importance of son

"My mother is blind to love her son that in her one side preponderate with her only son and in other side remained her five daughters."

Over responsibility. Some respondents (4/11) grew in families where they had to take big and heavy responsibilities during childhood. Their duties included household duties, ventilation of mother and other family members, committing father to protect the familial property. Parenting of younger children, providing financial support, nursing and caring family's elder person. They felt burn out and emptiness and expected to have some places or persons with whom they can live depending on others for even a while. By even drug at least to help them to sleep by distracting above mentioned imposed responsibilities on them.

"I had enough responsibility for my family members like I would always had to take my mother to the hospital. I would give medicine and insulin to my father and also my brother. That's why I felt sickness for lack of rest. Then I had decided that I had to take sleeping pill for sound sleep. It was easy for me because I had enough idea about medicine because most of the time I had consulted with internship doctors."

3.1.2 Trauma.

Almost all participants have some traumatized experiences. In the present findings traumatized experiences are described under three categories including- victim of parental domestic violence, parental loss, childhood sexual abuse and poor resources of recovery. These categories are explained below.

Victim of Parental Domestic violence. Participants (6/11) felt emotional burden in their home setting because their mothers ware being tortured by fathers physically and mentally. One respondent said she felt pain in her heart when she saw her father about to beat her mother with a knife. Some respondents reported that since birth they have observed the marital discord in their parental relationship. They said that they felt peace when they were away from home and parents. Parental unhealthy and chaotic relations are responsible for creating their outgoing tendency.

> *"Not so good. (From what age have you been observed this pattern of parental relationship?) The relationship between father and mother is poor, since my birth I have always noticed it. I have grown up seeing this. I always wanted to stay away from this situation. If I had any opportunity to go somewhere out of my house after marriage, I would do so.*"

At the beginning of drug abuse behavior, they thought that drug use would create an opportunity for them to stay away from discomfort home environment.

> "*I thought that a revolution would have to be brought in the social system where father beat mother and my all brothers kept silence without protecting mother. I asked my mother why you don't beat my father also. I asked my brothers- why you don't protects my mother, as it is our mother who gave her entire life to us; she does"*

a lot for us. In return of my complain I had to get punishment in that situation as I was girl. I don't like the social system of Bangladesh."

Parental Loss. Parental loss was a big factor to loss their home and faced difficulties to cope with unstable shelter and relationships. They (4/11) lost their parents in two ways. These were the natural death of both parents and another was marriage of a single parent after the death of another one. Parents went far away from them due to second marriage. Participations felt the loss of parental love and affection. Their world became empty without the presence of parents.

> *"Mother always said, "You are my unwanted pain. Without my expectation you were conceived, that's why I had to take you. At that time I had no scope to do anything". I replied, "Mom, at the age of 17 a girl can understand many things. Sometimes I told mother that you know how you could stay with my father but didn't you know how protection could have been ensured? What is my fault mom, I was unwanted, you could have aborted me, and then I was finished forever. But whole life I did not have to carry this pain. I have grown up without my parents' love. This is major sadness in my life. Why mother could not bring up me properly. Mother could have tortured me beaten me but at least she could have done something for me. One of my sisters is doctor; brother has made a good result. But I did not get good result. Always I passed somehow. But if I stayed with my mother I would get good result. My mother doesn't understand that how much I was hurt. Without parents living is impossible; no child can be a proper person. When I share my pain, mother doesn't understand me. She thinks that I insult her. Good job could be done if I would stay with my parents. One gets lost from me by death and another one by marriage. How can I live now?"*

"When I was 10 to 12 my mother got married again. Then she always used to cares about her new child but not for me. So I had been living with my aunt. At first step father was supposed to accept me. But after marriage he did not accept his paternity. I grew up crying for my mother for two years. Later I gradually managed."

Childhood sexual abuse and poor resources for recovery. Most of the participants reported, the traumatized experience was being sexually harassed by some kind of perpetrators. The perpetrators were close relatives like uncle, maternal or paternal cousins, when they complaint the issue to parents, parental attitude were not supported to rescue them from the victimization. Father was punishing them against the accusation of his relative. Mother also has hided the sexual harassment issue when perpetrators were from her family. There perceptions regarding parents were as undependable to cope with this situation. Perpetrators were not restricted to come there to home by parents. Long time they hold the pain and emotional distress of being harassed. They felt guilty, embracement, fear and depression. Drugs helped them get relief from such enduring cherished pain.

"Mother informed father about my abuse.after hearing it father slapped me and I felt down. Then it came to my mind back I should not disclose anything like this. It was I who am being tortured but the intersting thing is that the visit of my cousin to our house was not stopped."

"After being abuse, I had remained fearing. I was abused more. I understood then mother could not take care of me properly. I could realize that I had to take care of myself properly in my own responsibility"

The above-mentioned factors made in themselves the crisis of parental love and care. They felt the crisis of attachment with the parents and family.

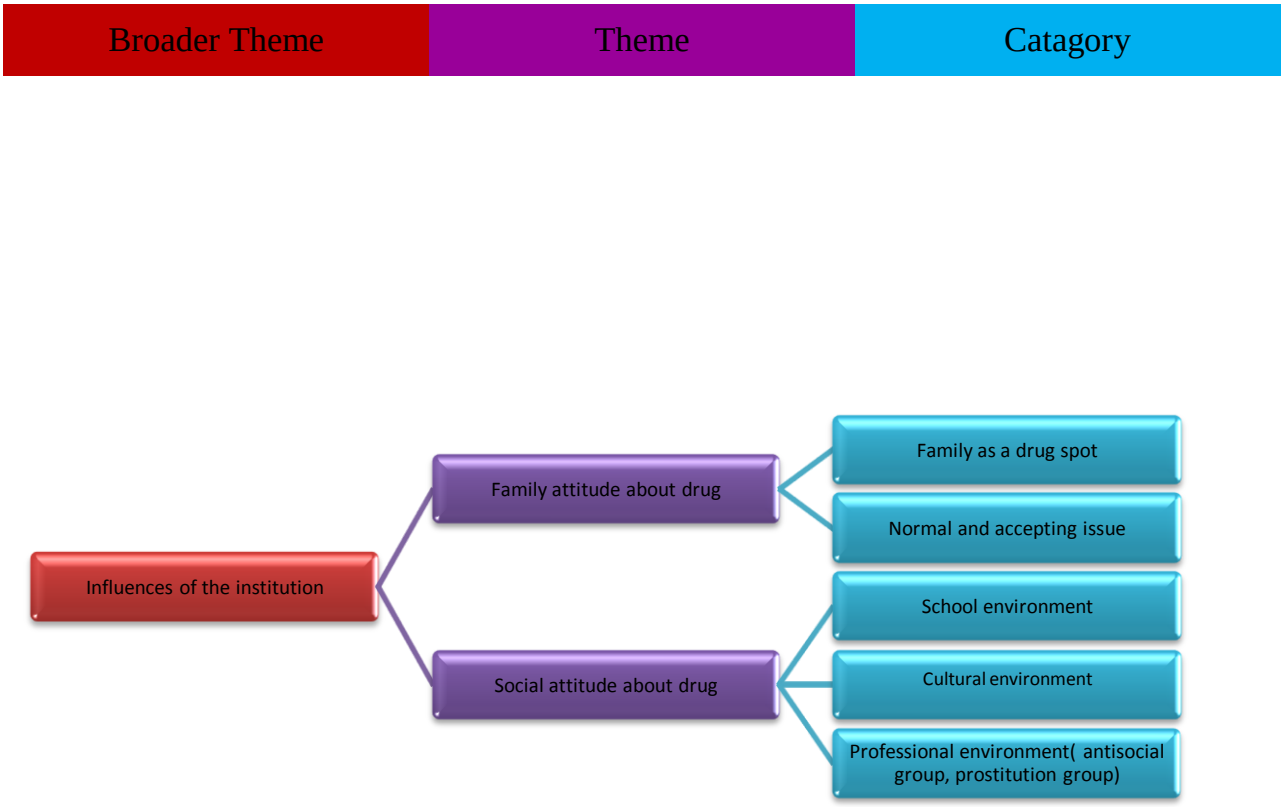


Figure-3.2: Broader Theme, Influence of the Institution

3.2. **Influence of the Institution**

The second broader theme is formed with the four categories (family as a drug spot, normal and acceptance, school environment and other social environment). These categories are merged under two themes (family attitude about drug and social attitude about drug). Their upbringing was in the context of mixed culture. They used to see the drug abuse behavior in the family, school and other social context.

3.2.1. Family attitude about drug

Family attitude was positive and was not restricted regarding drug.

Family as a spot. The participants (3/11) respond their family was a place in where their elder brother, father and maternal and paternal uncle were used to take drug. During their upbringing time they learned that pleasant event like gossiping, recreation were associated with drug. They felt curiosity about drug by observing the drug abuse behavior among male persons in the family.

> "*They- three or four in number went to smoke soon after finishing meal. They were enjoying the time in gossiping and joy. We remained as dead soul. It attracted my fascination.*"

Normal and accepting issue. Drug abuse behavior was accepted in the family by parents for the male person like father and brother.

> *"All-time likar was available in my father's almirah, so I was used to see these. It was not so forbidden in my family. That's why I never thought that I did something which is forbidden but it was only restricted in case of females."*

3.2.2 Social attitude about drug

Some participants introduced with drug as a social pleasure.

School environment. Some respondents (6/11) reported that male and female were used to taking drug together. So in the school environment it was easy to get drug. They mixed with one another without maintaining any boundary of the relationship. They were easy even in sexual relationship to other.

> *"I went to school and saw that females were taking drug randomly. I thought that I had come in a perfect place. There were students from both bangle and English medium. Though the number of students from English medium schools were higher. It was matter of joy that I had come in a perfect place and I entered this place ultimately."*

> *"In my school drug was available. My peers regularly use drug. They were also used to do sex."*

Professional environment (antisocial group, prostitution group). Other institutions like cultural institution, job place including prostitution also provoke to use drug. Some participants had to take drug only for adaptation to mix with the environment.

> *"During my child hood when I was 12 years old, I was involved in media. At first I went to dance academy where I mixed with some girls and made friendship with them. They used to take smoke and they were senior to me for 3 or 4 years. They teased me called un-smart I requested them to suggest me how I could overcome my un-smartness. They used western fashion dress, kept big nails. They said that media is such a place where smoking is a regular habit for everyone, and those who could not smoke, they are called unsmarts. At first I felt afraid but finally I learned to smoke by watching them."*

"When I took drug I felt good. I felt relaxed from all pain and sufferings for a certain time. I wanted to get more. She demanded money. In that time the price of drug was 50 taka to 150 taka per packet. I didn't get money without involving in sex. What I did because I had no sources of earning. Money will never come without earning. I started work with them. I did sex and also got the taste of drug, my life became destroyed day by day. Then I went that place wherever I got the information of drug. Thus my life became damage."

"At first one day I went to sonargaon for performing in a programme. The person to whom I went offered me drink. When I avoided drinking, he directly asked my fellow- what type of girl he had brought. She is too un-smart to drink. I felt humiliating and I finished the glass fully. He also said my fellow that you brought such a model who could not drink and also became nervous in the air condition room. I was killed by his word; I felt inferiority that attacked my ego. My fellow also replied me that his honors became destroyed for introducing me with that situation; their expression was so negative that I finally became drank."

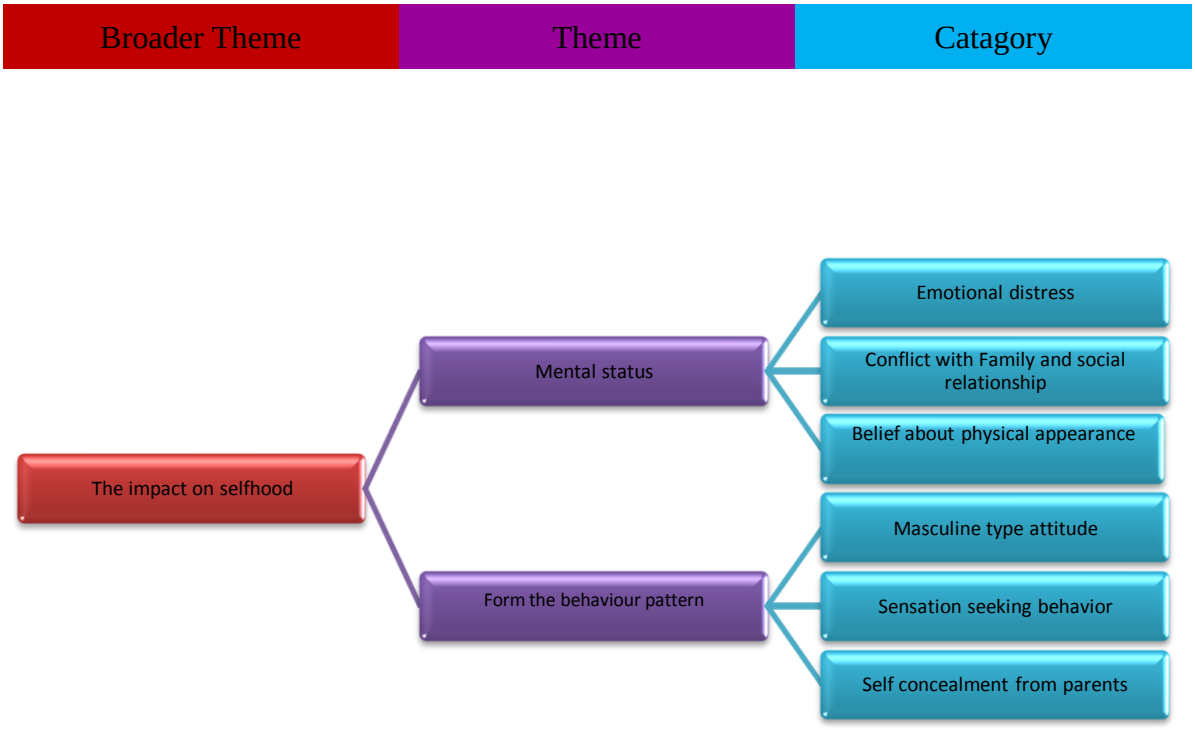


Figure-3.3: Broader Theme, the Impact on Self-Hood

3.3. The Impact on Self-Hood

The second broader theme is the "impact on self-hood". Seven categories' (Emotional distress, conflict with Family and social relationship, belief about physical appearance, masculine type attitude, sensation seeking behavior and self concealment from parents) are explored which categorized under two themes – mental distress and conflicting attitude with family and social relationship.

3.3.1 Mental status

Most of the participants passed their childhood through emotional distress. They also had poor personal and social relationship.

Emotional distress. Some participants (5/11) reported that they felt frustration from early childhood. Some critical incidents like sexual abuse, homelessness, parental conflict and bulling regarding their external beauty created their frustration. They also felt guiltiness, insecurity, fear and apprehension after being abused. Some participants lost their trust on parents as parents their couldn't protect them from abuse. Some participants (4/11) had suppressed anger towards their parents. Some participants felt hesitation in social situation.

"The relationship of my parents was not good. We, two siblings just cried for this. Why are they such type of people? I have been receiving distress from childhood. Every day we, two siblings, me and my brother were crying thinking why my parent's relationship was such type, and why they couldn't give us peace. Moreover, the stress of being abused was added to the previous stress. Another important issue was that I was teen aged. Since then my pain started in my heart, nothing seemed pleasant to me."

Belief about physical appearance. Some participants (3/11) had a negative concept and belief about their physical appearance. Some of them thought that they were lathy, thin, black and not good-looking. Family member, school friend and neighbor made the negative comment about their physical beauty and appearance. They faced the comparison with other siblings in the family.

> *"I am not beautiful. If I had a nice look and smartness, then I would have attracted a lot of boys then"*

Conflict with personal and social relationship. Participants (4/11) didn't express respect to parents. They showed anger and violence with parents and other family members when communicating with them. Social relationship with relatives and friends was poor. They avoided the social gathering thinking that they might be insulted due to external beauty. Some participants had tendency of mixing with adult person.

> *"It was told that I am not good looking. I didn't go to my uncle's house when they invited us. It was coded in my head that I am not good looking. They also criticized me. That's why I didn't go anywhere. I felt inferiority complex all-time*."

3.3.2 **Formation the pattern of behaviors**

Some patterns were explored in their personality like- belief about physical appearance, masculine type attitude, sensation seeking behavior and self-concealment from parents.

Masculine type attitude. Some participants (2/11) followed the father's attitude. They followed the father's aggressiveness and personality to protest against parental aggressiveness and dominances. Brother attitude and other male type attitude also influence

them to form their personality. They followed male type attitude as it is rewarding in any conflicting situation, which also helped them to perform anti-social behavior and socially males are less stigmatized.

> *"I was just like a tom boy. I used to wear ring, band in my hand and shirt pant. I was never seen by female dress. I also used to wear jean shirt. I used to go outside wearing my younger brother's shirt."*

> *"I was fascinated with the life style of my brother. My brother showed arrogant behavior with my father though all were afraid of my father. Many times brother shut the door in front of my father. But when I started to grow I thought that I got the arrogant behavior from my brother as I followed him as hero. In my childhood I found a syringe at the door of my brother's room, that time I wasn't familiar with the syringe. After watching advertisement in B.T.V I could understand that brother used such things"*

Sensation seeking attitude. They (3/11) did risk taking attitude like pulling away from school, smoking secretly, maintaining male getup and makeup and fighting tendency were seen- in them. They had the interest to mix with senior groups, male groups and involve themselves into some groups (antisocial group, prostitution group, media group, boys group) where they had to get some risky steps to adjust with the groups. For example, they used to hang out with the senior, used to gossips with them a lot of time, hold curiosity regarding antisocial performing (smoking, drug abuse, early dating activities, telling lies, irregular in daily routine etc.).

"Then I was admitted in X school. I was also an undisciplined person. I was in the branch of Y. It was recorded history in my school that a girl pulled away from school. It was usual for to boys to pull away from school but a girl could not get such courage of pulling away from school. It was I who was pulling away from school in class four."

Self concealment from parents. Participants (4/11) had tendency of hiding themselves from parents. They began to hide their personal matter from parents after some critical incidents like- being punished after abuse incident and for performing in the extra curriculum history. They were ignored, criticized, punished, stigmatized and restricted. That's why they stopped themselves from sharing their personal matter with the parents.

"*I did struggle for my dancing. I performed in the T.V show named "ittady" without informing my mom. Mother restricted me to go that's why I performed without informing her. Mother became very happy as she liked the programme ittadi very much. But I could not continue my dance anymore because mother and brother beat me a lot. They beat me with chair & stick. I felt too pain to tolerate in my body. My friend got scared seeing my wounds of my body and thought how it was possible to beat a person in such a way."*

Early childhood experiences made them vulnerable. They felt emotional crisis and behavioral problem. They emitted the masculine type attitude and used to do risk taking and challenging behavior. In that way their mental health status and personality pattern played in influential role on their selfhood**.** They had negative perception about their physical appearance.

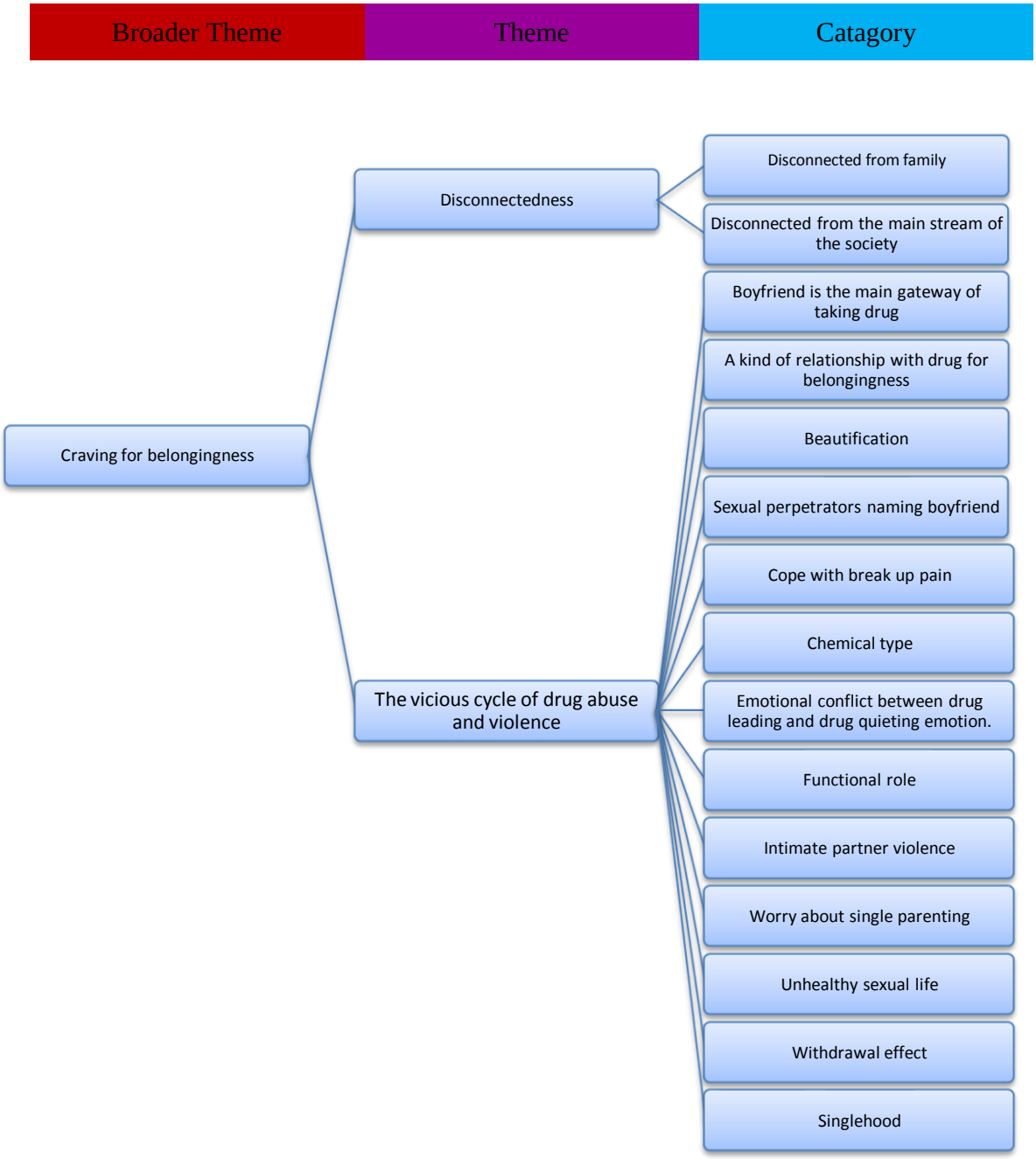


Figure-3.4: Broader Theme, Craving for Belongingness

3.4. Craving for Belongingness

This theme is constructed with 14 categories (disconnected from family, disconnected from the main stream of the society, boyfriend is the main gateway of taking drug, a kind of relationship with drug for belongingness, beautification, sexual perpetrators naming boyfriend, cope with break up pain, chemical type, emotional conflict between drug leading and drug quitting emotion, functional role, intimate partner violence, worry about single parenting, unhealthy sexual life, withdrawal effect and singlehood).These categories are described under two themes (disconnectedness and the spiral pathway of addiction and violence). Participants felt the disconnectedness from the family and the main stream of the society. They started their drug life as a part of relationship issue. In later life they felt themselves as the victims of intimate partner violence when their addicted life was developed. They had the crisis of belongingness with significant relationships.

3.4.1 Disconnectedness

Gradually they felt disconnected from the family, mainstream of the society and lost healthy balance quality of life. They entered into some special groups including antisocial groups- prostitution or call girl group and media or culture group. They remained far away from their same gender peer group.

Disconnected from family. Most of the participants (8/11) reported that before using drug they had already been disconnected from their families. The factors which associated for breaking the bonding with family and family members included chaos and misunderstanding with parents that led to form the outgoing tendency. Another reason was parental loss, which led them unstable shelter for upbringing like aunt's house, brother's house, and grandmom's house. These unstable shelters were

discomforting and painful for upbringing. Their feelings and experience were like homelessness.

"I had no shelter for living. I had no bus station for staying. Wherever I went I got the obstacle - even got pain from aunt's home.''

"At first step- father was supposed to accept me. But after marriage he did not accept his paternity. I grew up crying for my mother for two years.''

"Grand parents always teased me and told me to go out of the house. How long we would rear you up. I got away from home avoiding these issues; it was untolaratable pain for me. I stayed in friend's house, then sometimes to grandfather's house. Who wants such painful of life?"

Disconnected from the main stream of the society. Most participants (9/11) reported that they involved in some special group including antisocial group, media and culture group, prostitution or call girls group and the masculine type group. They started to pass most of the time in that groups- that's why they lost the regular life.

Anti social group

"My husband was a terrorist. I had a brother, who smuggled the goods of railway. I went their wearing pant tea-shirt. They said you can also join us and in this business. I said polish will arrest me they said we will release you.''

Away from same gender group

"Once upon a time I understood that it is impossible to carry on relationship with female. The tendency of jealousy is more than that of mutuality. That's why I decided that it could not be possible to bear relationship with female friends."

"And female will never takes even a cigarette until she is not driven away from life"

3.4.2. The Spiral pathway of Drug abuse and Violence / The vicious cycle of increasing drug abuse

Finally they entered into a stimulating life where they want to live as a loving partner with their counter- part and they started the drug life as a part of relationship issues. Earlier they wanted to feel connected and loved with their partner who influenced them to take drug in the private setting of dating time. They felt belongingness through drug use in the context of relationship with drug abusing male partner. But later they felt themselves as victims of the intimate partner violence. Partner's abusing behavior played an influential role in both the development of depression and drug abuse problem. Violence was a risk factor for addiction, and similarly addiction was risk factor for violence. They also used to drug to cope with hurt and pain in the relationship and also tried to play functional role by providing structural and instrumental support to their family members and kids. Intimate partner violence, relationship break–up, stress and depression of single hood, stress of single parenting caused women felt down, a dark spiral of pain and suffering. The inability to break away from the cycle created in them one kind of craving for belongingness with someone.

Male partner is main get way of drug. Participants (10/11) reported that they began after and introduction of the drug by significant relationship- such as boy friend or spouse. Many times female try to maintain abstinence from drug but due to the influence boyfriend or husband, they had to continue drug.

> *"We were in a relationship for two weeks. I tried my best to refrain him from drug. But he was severely addicted to heroin. First time I took heroine, with him. Though once he did not want my addiction, he forced me to take it another day."*

"Firstly, just I observed but didn't have drug. My husband was an addict. He used to take phensidyl and offered me. I didn't take phensidil but I saw it. He forcefully collected money from me. He returned bad language to me, if I fail to give money. He also tortured me physically. At first I experienced in that way, and had drunk finally"

A kind of relationship drug for belongingness. They felt a familial connectedness (11/11) with drug. Most of the participants reported that they belong in a group whose one member was their boyfriend or intimate partner. So they enjoyed gossiping pleasure, sexual activities, music, and romance with intimate partners in that group.

"We always used to eat in a bore-house. It was not brothel. You can say. There are some small houses in Dhaka cities, which can be rented on the basis of hourly rent. By giving rent of bore houses, you can stay there. You will spend some time; in return you will be given money. We, who were Yabba addict, spent time in that place. We were eight or ten in number. It was seen that we were unaware how the day passed and MagribAjan was called for."

"After my mother's death I became addicted with yaba .I was left alone. I got a scope to enter a gossip through taking yaba. A source of pleasure was developed"

Beautification. Participants (4/11) had the intention to take drug for being beauty. They had the demand of smart looks and standard figure. Alcohol was used to increase the body weight and Yabba was for maintain slim figure.

"If you took it you will be slim, then I thought that really I would be slim. It was the intention to take it. I thought that it could be started, weight will be decreased. That time I was a fatty person. Everybody called me fatty. I did not accept this type of comment."

Sexual perpetrators naming boyfriend. Most respondents (6/11) identified that initial use of drug use was influenced by sexual relationship whom the woman loved. And further the use of drug increased when the relationship broke down. Many believed that this relationship was only for sex. Boyfriend broke the relationship within a few days.

> *"When my boyfriend made me drunk (alcohol), he called me attractive and good girl. After that I could realize that all were fake He used to me only for sex."*

> *"Alcohol is not permitted in transport. Then he said, "Let's go to my friend's house for taking alcohol. But I said, "I don't take". Next time he requested me and I had taken. I couldn't understand that I was drunk. After being drunk I was raped. I had no sense. Still I can remember that I was wearing with college uniform. I became sick. I did not share it with anybody in my house. This is the painful matter in my life"*

Cope with pain and hurt. First relationship break up made them prone to use excessive and hardcore chemical. The purpose was to cope and deal with the pain. All participants (11/11) reported that their first love relationship with whom they enjoyed drug, enjoyed spending time and created a world of belongingness had broken. They had some prior pains and relationship break up added with previous pain. Their drug taking behavior increased for their existences. It was a desperate coping against their painful reality.

> "*I took drug because I felt depression; I took to get away from my relationship. I started from pain. Say, People who are rejected, do the same. I had relationship for five years. I had no boyfriend before him. I did everything physically with him. So it was a big issue to me. I thought that my marriage would be with him. But he went away leaving me. That's why I came to drug completely.''*

"I took him as a boy friend. I was shocked when I saw he took another lady like me. That was my first love. I asked him why he did so. He replied me "do you know how many girls come and go in my life like you. How can you imagine that I had taken you seriously? After being hurt I left the group. I joined with a higher level of group. I would thought that I forget everything if I took drug."

Intimate partner violence. Most of the participants (9/11) reported that they experienced partner violence. Their partner abused them physically, mentally, emotionally and sexually. Their partner betrayed with them. They received much pain from them. Partner's abusing behavior played an influential role in both the development of depression and drug abuse problem. Violence was risk factor for increasing drug abuse; similarly drug abuse was a risk factor for violence. They felt that they were victims of trauma and violence

"I used to think what my husband did with me. I used to ruminate i.e. used to take cigarettes in earlier. Then I started to take drug frequently putting in cigarette"

"Because he (boy friend) cheated me. He misbehaved with me. Then he influenced me and said-"go and take with drug". I was hurt with his attitude. How can he say me? He didn't care me a little bit and that why he said me to take drug. He got married without informing me. That day he said, "Go and take with drug for some days".

'

"He forcefully collected money from me. He returned bad language to me, if I fail to give money, he tortured me physically. At first I experienced in that ways, and became drunk finally''

Chemical type. They described some special features of drugs, which led them in addiction. Such as the size of yaba. It was small in size and having perfuming smell. That's why they could carry more tablets at a time such as-100 peace's yabba tablet, in their body and vanity bag.

One respondent said that when she stayed in abroad, number of her cigarette smoking was reduced. She got good quality of cigarette in Bangladesh.

From childhood they used to look after their old parents or grandparents. That's why they largely knew about medicine. With their main chemical they simultaneously abused prescribed medicine.

Another important issue was that when they used Yabba they became restless and stay awake without sleeping night after night. To alter this condition they used to take alcohol, believing that alcohol would make them calm and sleepy. Mixed chemical was used to form the balance the body.

> *"I took two types of chemical (alcohol and yabba) for balancing the normal state of my body. My intention was that I would remain normal. Alcohol was one kind of supplement. Yabba help me to stimulate and alcohol help to sleep. These two chemicals made me balance."*

> *"Another important cause of taking yaba that it was small in size, if you keep 100 pieces of yaaba, you can easily carry it."*

Emotional conflict. They faced with two types of emotion. Emotions in favor of drug were- curiosity, feeling of freeness (meditation), grievance, loneliness, depressive mood, important feeling, joy, bad temper, dishearten from same gender relationship, excited, peace, high concentration, relief feeling, cope from pain in heart. These emotions led them to maintain drug. They also felt emotions against drug. These were- fearness, guiltiness, hatred feeling of self, and helplessness.

Functional role. Participants reported (4/11) that they had some functional role in addict life. During addiction period some roles developed in themselves, which were adjusted and mixed with their drug life. These roles included earner role, rescuer role, and masculine role. In a rescue role they rescued family members, friends, kids from harm and danger. Drug helps them to rescue others.

> *"I had a group consists of five members. One lady was very beautiful among them. She was teased by someone. She sought me for help. The girl told that she felt very bad. She requested me to help her. I went with my gang and returned after beating."*

One woman carried weapon, joined gang; sometimes she fought to protect the fellow gang members.

> *"I was injured many times.by china weapon, I brought weapons, carried pistol, I was hit many times. I was also beaten. I fought to protect the fellow gang members."*

In an earner role and son type role they did the duties, which were played by male gender tradionally in our country. They gave structural, instrumental and financial support to their family members and kids. They ensured the security of the property and kids by playing challenging roles.

> *"If my brother gave little support to my family I would not suffer from such pain. I had to take all the responsibilities of my dead father what he used to play for our family including- bill, housing, lone of office, household, collecting money from rented shop and outdoor service."*

Singlehood. Their (9/11) singlehood also lead to drug life. They were divorced or separated from their husband or never married. They hardly accepted the fortune of singlehood. Though they were in singlehood, they always expected good partner and thought about the betrayed partner and dreamt when their fortune change, and they would settle themselves with the right person.

> *"I would take drug for my sadness. Actually not only sadness, I was taking drug after divorce, because I was irritated by everybody who misunderstood me and whom I could not manage them. They all were against my situation, so I had taken drug. At first I was not taking marijuana .I was taking marijuana regularly after my divorce."*

Unhealthy sexual life. They reported (3/11) that they were engaging such pattern of sexual relationship, which was abnormal in normal situation.

> *"Sexual intercourse could be done for long duration by taking yaba. I have done sex which is not possible for a normal person."*

"Another reason was there for taking drug. It was for reducing my sexual demand. Many say that sexual satisfaction is enhanced after taking Yabba. But it is a myth. Basically it is psychological. Actually Yabba increase the stamina, not sex. It decreases the power of sex. As I have no husband that's why I took for reducing my sex demand."

Stress of single parenting. Many women (4/11) were in singlehood with the responsibilities of their kids. Sometimes they faced financial difficulties. Beside theses the stressor were- regarding children's proper supervision, drawback of motherhood, and how they ensured a secured and good life for their children.

"After divorce my anxiety started. How could I rear up my baby? My father is still alive, so I can. After passing away of my father how can I established my baby?"

"I feel tension. If I can overcome it, I would not take drug. What is your tension? How could I help to grow up my kids? If all of my matters were solved I may not have to take drugs."

Relationship issues and the consequences of drug abuse behavior influence to each other. Their problems maintained by cyclic process.

Broader Theme	Theme	Catagory

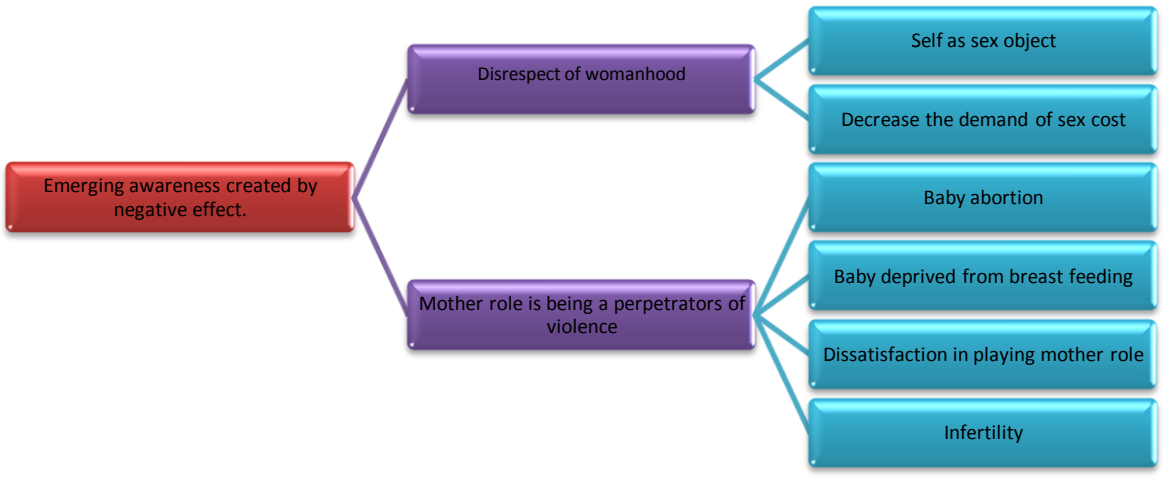


Figure-3.5: Broader Theme, Emerging Awareness Created By Negative Effect

3.5 Emerging Awareness Created by Negative Effect

Five categories (identify themselves as sexual object, decrease the demand of sex cost**,** baby abortion, and baby deprived from breast feeding, sense of discomfort in playing mother role) under two themes (disrespect of women-hood and mother role is being a perpetrators violence) constituted this broader category "Emerging awareness".

Awareness was created by the significant negative effect of drug abuse. They were affected by multiple real life problems apart from the drug problem. That's why they ignored the drug issue as a problem in their life. They had the denial and little acceptance about the change of drug life by giving up addiction. But their awareness emerged from the realization of significant effect and their tendency towards drug turned from pre-contemplation (a denial phase of change) to contemplation phase (an acceptance phase) in the change model of drug abuse behavior. And they started to firmly believe that drug is the main cause for leading their life into a problematic cycle.

3.5.1 Disrespect in womanhood

When women used drug excessively and became dependent they treated as object to the partner in sexual relationship. Some participants also rejected from male partners when they wanted to sell the sex as their physical fitness and external beauty destroyed.

Identify as a sexual object. Participants (4/11) perceived themselves as sex object. Husband only wanted wife for meet up their physical demand. Couple just intimated to each other just for taking drug and sex. They got the sex offer from unexpected person.

"He (Uncle) said me that we might involve in another relationship. I was addicted. That's why he dared to ask for this. I said - "what do you mean?" he said -"don't you understand even after taking so much? Haven't feelings created in you?" I said -"mama what feelings?" He replied -"don't you understand though you took Yabba." "Don't you have not any sexual feeling?" I hated him a lot. I didn't take it with him. The position of maternal uncle is next to mother. Isn't it? I started to hate myself for this type of proposal from mama. I felt that how much bad I am! I experienced this type of day for my bad work that mama proposed me for sex."

"Mother forbidden me from going abroad by contact marriage. I also thought that my boy-friend used me only for physical relationship. I was giving him both money and sex. He was benefited more but why I did so. I did relation based on condition. It is one kind of give and take relation. He likes me, he was my boyfriend but it was only for physical relationship"

Decrease the demand of sex cost. Female drug abusers (2/11) collected money easily by selling the sex. But when became addicted and dependent they lost the last option for collecting money as they gradually decreased their demand of sex cost and finally got rejected by the sex partner.

"I didn't get money from anywhere. I engaged in physical relationship. But when my beauty was getting damaged then my level flopped a lot from sonargaon. The rate was 20000 thousand at the first time after taking drug it decreased to 2000. It never could happen if I didn't take drug. Why did I do this?"

3.5.2 Mother role of being perpetrators of violence

Participants (6/11) began to perceive themselves as a perpetrator of violence and only children were the target of their violence. They didn't give any value of motherhood. They did not any value to the mother role in parent-child relationship.

Baby abortion. They reported (2/11) about their problem of reproductive health. Unhealthy sexual life led them to multiple abortions. They believed that infertility was the curse of their life. Sometimes they perceived themselves as a killer mother, as they did abortion the full bloom baby. One participant was bound to go for abortion the baby because husband refused to acknowledge paternity of addict mother's child.

"At least I could live if I had a baby. When my fetus was of four months, I informed my husband. Intentionally I maintained the confidentiality. Really, I didn't want to give up my baby from me. My child existed five month in my womb. Still I don't know whether it was a son or a daughter. My husband convinced me in such a way that I had no scope to prevent my miscarriage. He said, "Do you want we bring an abnormal baby in the world? Don't you know the baby of an addict mother may be abnormal?" I was disqualified to be a mother. When I argued with him, he blamed me that I spoiled the child by taking Yabba and cigarette. I made blunder. I killed my baby. I am a killer. It was bloomed completely. It was five month old. I was not able to bring it in the world. H e said to me that a Yabba addict could never be the mother of my child"

Deprive baby from breast feeding. They (4/11) deprived their children from breast feeding thinking that the baby would be addicted by their addiction.

> *"I stopped breast feeding of my baby in fear that it makes him feel him sleepy. When I took it, I felt sleepy."*

Negative parenting. Many participants (5/11) reported that they neglected their children. These neglects included poor supervision, beating, and aggressive behavior. Some children were being cared by grandmother. And it was major source of guilt and pain of mother hood.

> *"I didn't do everything in front of them due to fear. When I took drug I slept at late night. It also influenced them as they slept at late night with me. I came home at late night. Many times I didn't bring them at late night. I kept them in my mom's house .I wanted to maintain distance from them as I had fear of losing my child (if the children could understand that their mother was addict, they might leave her)."*

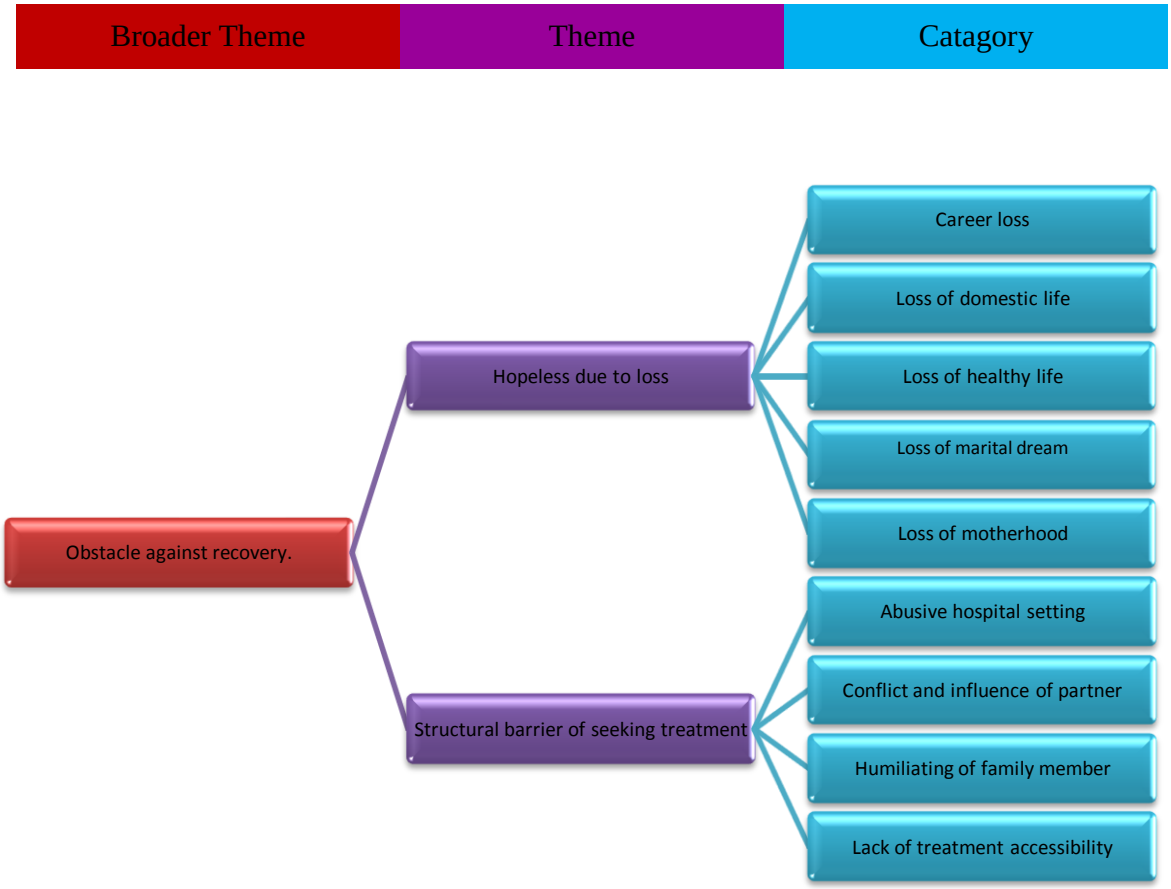


Figure-3.6: Broader Theme, Obstacle against Recovery

3.6 Obstacle against Recovery

This broader theme includes two sub themes named hopeless due to loss and structural barrier in treatment. The theme hopeless due to loss is consisted with some categories. Structural barrier also include some categories.

3.6.1 Hopeless due to losses

They felt hopeless when they want to get out from drug life. Many were resigned to their situation and could see no means of escape, as they lost everything including-job, career, domestic life, motherhood, dream of marital life and good structure of life and therefore no valuable future for them. They were living for the sake of living. One day they would die by taking drug, and then everything would over. They thought that they would not have any future after passing the enduring traumatic situation and victimization

Career loss. Most participants (9/11) reported that they lost their career. Some participants achieved higher degree but they could not build a stable professional identity. They were gradually detached from their career for their addicted life. Their professional variation was doctor, model, engineer, nutritionist; others had the graduation degree only. They became jobless once upon a time.

> *"I could not dance like before. Nobody offered me for programme. I could build up a good carrier. But I lost everything for drug. I used to drug receiving money from parents. And I stayed whole day in my room with locking the door. Nobody spoke with me also. I felt very sad. Even though poster of myself was supposed to remain in bill board of the city and my programed was supposed to telecast in television but I have lost everything."*

Loss of family life. All participants lost their family life. Some lost their marital life; they had broken the relationship with their husband. Some lost their relationship with parents and other sibling. Some had lost their marital dream as they passed the time.

> *"We are four sisters. We are offspring of the same mother. All the four sisters have family life. It is true that happiness and sadness will come to life. If four of my sisters can lead a happy life then why I am in the rehab? I would have led a domestic life. If I had no domestic life, at least I should have been a star of my family. I would have passed my life doing a job without living married life. I missed a lot of job interview, and also missed confirmed job due to my drug problem as I slept and reached late in that place. I destroyed my life by myself."*

Loss of motherhood. Some participants had the infertility. Their reproductive health was turned to infertility due to multiple abortion, unplanned abortion and the over age. The children of some mother began to grow up with their grandparents. Some participants were under divorce process. That's why they had the fear of losing child. Some participants missed the nurturing of mothering that could play with their kids (schooling, playing, breast feeding etc.)

> *"I had a pain because I had no baby. It is a big pain in my heart. I just cried by sitting. I haven't any poverty else. I visited doctor regularly for my infertility treatment. Now it is up to the wish of Allah."*

Every participant lost some aspects of their life. They lost their education; career, saving, job, education, health and domestic life. Their life was collapsed into drug dependency life. They also lost the dream of marital life and motherhood. Loss of hope was

clearly expressed by some participants. Being women they want to be part of their family in where they would have had husband and children. But sometimes this was their only dream to them.

> "*I got nothing, everything is zero in life. If one takes drug for 25 or 30 years in duration, nothing remained in favor of her."*

3.6.2 Structural barrier of seeking treatment.

They delayed to seek treatment because they felt fear of family member's judgmental attitude. The fear of losing child, partner influence, little information about treatment accessibility, abusing hospital setting creates the barrier for women to help seek.

Abusive hospital setting. One participant reported that she was being sexually harassed by hospital staff. Another important issue was that, there were some non-motivated clients who denied quitting drug. Sometimes hospital staffs and non- motivated client demonstrated females how to smoke.

> "The *cook taught me smoking. And he (cook) said nobody would come even if she (participant) shouted repeatedly. I was alone. No owner was there. He said no body would hear me if I shouted again and again. I was alone in the room. No owner was there. I was only one in the hospital. Nobody would hear me if I shouted …… he jumped on me catching my two hand. He lied on me with pressure over my chest. Then he champed me. I feared a lot. I was not able to resist him because of lack of energy. As I was suffering from fever. I could not able to breath. Alas! If I was raped by a cook, I should have commit suicide."*

Conflict with Partner. Their (3/11) marital life became conflicting. Husband did not show any respect though she wanted to get free from drug, their addicted husband did not maintain the healthy quality of life. Husbands wanted them just as a sexual partner.

> *"And then before of my delivery I just used to smoke .He used to beat me without any reason. After delivery, once I saw my husband to take drug again. I convinced him against drug a lot. But he offered me to take drug together. As I was a user one day, so craving of taking drug must be come in my mind because I wasn't stable yet. Nobody is there for convincing me to prevent. I would take but never with him. Finally, I had taken with him. Our love destroyed then. Chaos and physical torture were increasing day by day. When we took drug our sexual relation happened, otherwise not".*

Fear of being losing child. Due to drug marital life turned toward separation by divorce. Court and custody had big issues for avoiding drug treatment of women. Because before treatment they were hidden to the society. They (2/11) reported that the court claimed them as addict mother, that's why partner (husband) got the chance to get the baby's ownership.

> *"After marriage no women come there. May be my parents having knowledge gap, that's why they sent me there. If now it is disclosed it will be problematic for me. My divorce is going on. If it is disclosed that, the mother is drug addict, I cannot keep my children in my possession."*

Humiliation by the family members. They reported about their humiliation. The people living surrounding them, got a chance to block them more than before.

> *"I have lost a lot in my life for this drug. Family doesn't trust me due to this drug. After going back home, I will have to tolerate unnecessary voice of sisters which will be enhanced. If I say -"babu, don't do this, it is not well, they will reply "don't come to advice me, please, you also used to take drug one day" as I am a drug user in their view. When brother's wife would say something it may be – "why do you talk so much? Were you ok earlier? We have sent you and kept you in the rehabilitation Centre, now you come to provide us knowledge*."

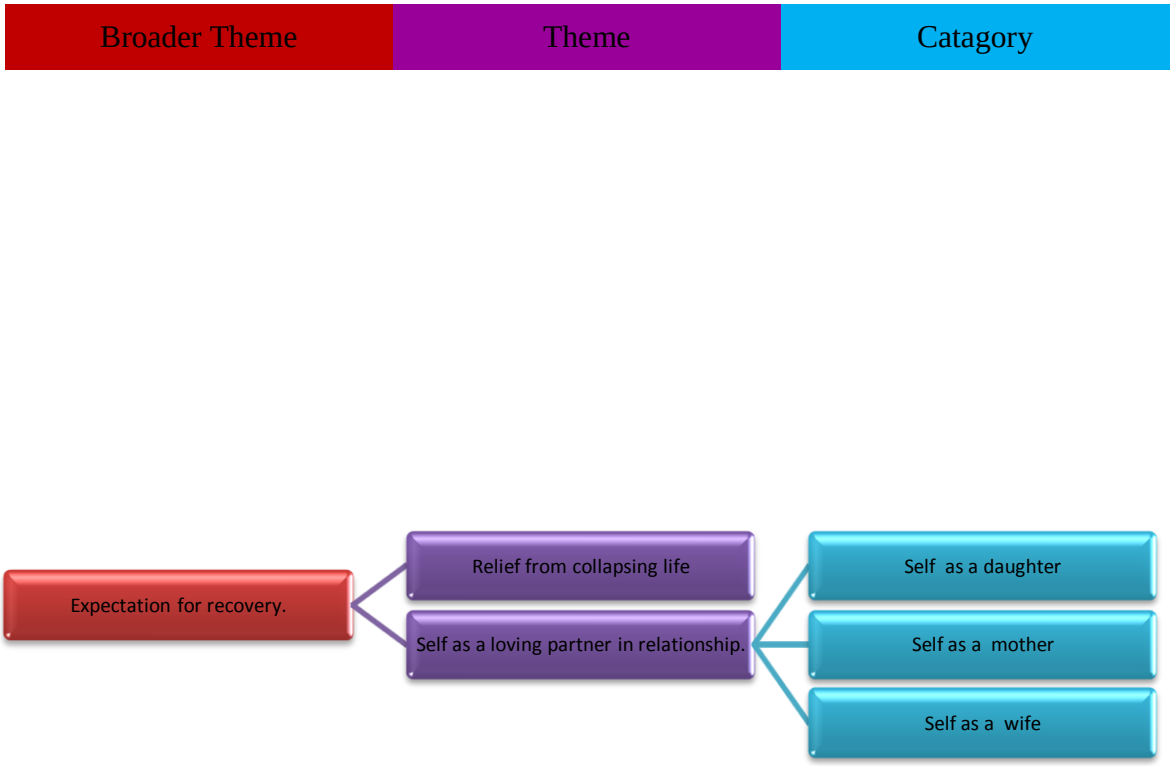


Figure-3.7: Broader Theme, Expectation for Recovery

3.7 Expectation for Recovery

This broader theme includes four categories (relief from collapsed life, self as a mother, self as a daughter, and self as a wife). The categories -self as a mother, self as a daughter and self as a wife made the theme self as a partner in the relationship. Factors which influence female abuser to overcome their addiction life are explored by this theme.

3.7.1 **Relief from collapsed life**

Females who abuse drug most of the participants experienced, a collapsed situation in their life being immersed in dozens of problems. They had the desire to escape from such collapsing life. They felt suffocating to live in the addicted life. Expectation for release from the problematic life prepared them for changing the habit of drug. Rehabilitation centers were appeared to them like a prison where they were locked by their family.

"*There is no meaning of falling into a hell from another hell. I can make a mistake once. It does not mean that I will carry forward the same mistake for my entire life. This idea was wrong."*

3.7.2 Self as a partner in the relationship

The women were crying for a healthy relationship and wished a sense of self as a partner the in relationship with intimate partner, parents and their children.

Self as being a daughter. They (2/11) thought that they could overcome the drug problem and other problem also, if their parents could understand them. They reported that they love their parents but they were unable to express their love to parents. Parents made the conflict and blocked them to express positive emotion towards parents. As a result they

expressed anger, violence, and sadness to parents. That's why they missed their daughter role and emotion of love that could not be express to their parents from them.

> "*(What type of attitude need from your father to prevent your slip?) If my father understood me, at least respected my decision, I would also respect him. Father has broken off from this place. He didn't hold this space. Love comes from hatred. After coming in touch with drug, I have decided to live with it. It is my only support. I feel that hate is the other phase of love. I love drug out of my hate for my father.''*

Self as being a partner. They (6/11) missed the traditional wife role that could be played with their partner. They felt hope to think if they got a good life partner, they could overcome their drug life and they could recover themselves from the problematic hell.

> *"Do you know what my best treatment was? I know I will be well and good if my husband become well. I did not used to take drug earlier. I used to visit some place, but he did not want. He did not go even If I paid fuel price of the car. I had to bear the expenses of fuel wherever I went"*

> *"Hatred aroused towards drug in my mind after marriage. I got affection and domestic life from my husband in my marital life. I became drug free and my husband also became drug free. We ourselves have found happiness. I got husband, domestic life and finance. It is necessary to get a shelter for human life. The intimate relationship with my husband is going on well."*

Self as being a mother. Nine participants were married in this study. Most of them were in separation and divorce with their partner. They expected to get return their motherhood for

the rest of their life. They were searching their existence to stay with their kids. They wanted to get return of their identities as mother by giving up of their identity as an addict.

> *"After rehabilitation I think that though I missed the chance in my life. I can give a chance to my child at least. Its life becomes spoiled being born in my wombs. I couldn't give a better life to the baby. I wanted to give my baby a good life"*

Though their life became collapsed, still they had primary expectation to life. They wanted to be a partner in relationship. They wished to identify the self as a daughter, wife, and mother in their relationship. The sense of self as being a partner in parent-child relationship and intimate partner relationship were important for staying sober for them.

CHAPTER 4

DISCUSSION

The present study was conducted to explore the psychosocial factors associated with drug abuse among females. The study attempted to identify how females come into drug life, why they maintain their drug life and what factors are associated with their help seeking behavior. The findings of the present study have played a significant role to address the issues related with female drug abuse.

4.1 Factors those Could Help to Understand the Initiation of Drug Abuse among Females.

Several factors were highlighted in this research as the sources and contributing factors those led females to initiate drug.

Females, who participated in this study, faced some unique experiences before into coming drug life. These were childhood sexual abuse, being victims of domestic violence, trauma, and emotional distress, disconnectedness from family and social life. Previous study also found that negative mental state is a great source for female drug addiction. According to Center on Addiction and Substance Abuse at Columbia University, symptoms of women's addiction are typically "inner directed" appearing as anxiety, shame, and depression, whereas male manifestations of addiction are more visible and external — drunk driving, fighting and assault (CASA, 1996).

Parental discriminative attitude is one of the important factors for the drug abuse among female. The participants of the present study reported about some discriminative attitude of their parents. They said that son were very expected children to most of their

family. Most of the female children in their family received two types opposite command from their parents. On the one hand, they were bound to do all kinds of household activities (e.g., parenting of the younger siblings, nursing the parents, household duties, etc.), as they were female. On the other hand they could not do anything (e.g, Dance, music, photography, drama) to go out of their home. Most of the participants faced mental stress regarding traditional societal norm due to receiving such type of discriminative attitude from their own parents in their own home setting. Before coming into drug life this type of discriminative attitude was one of the greatest causes for their frustration. This frustration influenced them to enter into drug life. Anderson (1998) found that rigid expectations of conformity to masculine and feminine identities in early adolescence was associated with increased risk of developing drug-related identities, especially for females. Women who grew up in families where they took on adult responsibilities as a child, including household duties, parenting of younger children, and emotional support of parents, are more likely to initiate drug and alcohol use. Over responsibility influenced to initiate drug abuse (Nelson-Zlupko et al., 1995).

Religious restriction was another important issue for entering into their drug life. The present findings explored that participants were bounded in restricted life. They withdrew themselves from dance, music, and photography on excuse of religion. So it can be said that in their developmental stage, the positive pleasurable source became limited. It is known to us that some healthy behavior like music, dance, and extracurricular activities are necessary for positive development. So they searched the alternative sources to get pleasure or to relax themselves. Participants of the present findings felt happy to be member of some

unhealthy groups like antisocial group, media or cultural group, prostitution group etc. the type groups which led them to drug culture later.

Rude parenting was also associated as a contributing factor for their drug life. In the results it was found that participant's father had rude and authoritarians attitude. There were lacks of affection in their parenting style. Participants reported that they observed their father's personality when their father played the authoritarian fathering with them. As they observed the powerful position of the father and other male character like elder brother, participants followed them and learnt the masculine type behavior. Though participants had intense rage to father, they emitted their father's behavior by observing. They said that their personality became like their father. So it can be said that the rudeness, aggressiveness, masculine type attitude developed in them through following their rude father. In that way rude parenting played a vital role to initiate drug by the females. Dysfunctional family (Chatham, Hiller, Rowan-Szal, Joe, & Simpson, 1999) and negative role models of parenting (Davis, 1990; Sheridan, 1995) also has been reported to cause for female substance abuse.

Trauma was one of the significant factors for coming into drug life by the female. There were various kinds of trauma experiences in the life of the participants. Participants experienced sexual abuse in their childhood. Many were suffering from low mood, guilt feelings, anxiety, depression, and low self–esteem. They received punishment from parents due to sharing of their experience, as perpetrators were their maternal or paternal relatives. So many of them were passing time with fear and apprehension, as their parents didn't forbid the entry of the perpetrator in their house. In previous studies it have been suggested that sexual abuse may be an etiologic factor in women's substance abuse (Benward & Densen-Gerber, 1971; Davis, 1990).

Being a victim of parental domestic violence was another related factor for female drug abuse. The present study found that participants faced domestic violence of their parents in early childhood. This factor also created stress and frustration in them during their childhood. A client also reported that she hated the traditional male dominating society for the exploitation of her father. In her view her father exploited her mother. Many reported, most of the time they would pass their time outside due to the unrest relationship between their father and mother. They felt helpless when their parents were quarrelling, because they could not change parental conflicting situation. So they wanted to escape from this horrible situation for little moment.

Unstable home life was another traumatizing issue behind their coming into drug life. Some client reported that they lost their parents in their childhood. They had grown up in an unstable home setting. Grandfather, grandmother, big brother and his wife or uncle and aunt were their primary care giver. Many times they faced ignorance, negligence and punishment from their caregivers. Deprivation from their parental affection was one of the greatest suffering issues in their life. So, this sadness was a major factor for entering into drug life among females.

Female drug abuse was related with **beautification**. The study finding found that females were criticized as thin, fatty, and ugly. This type of experience created the bad feelings in them regarding their external beauty. They became beauty focused, which also influenced them to take yaba and alchohol. Some women reported that they initiated use of drugs due to a desire to lose weight or to have more energy (Brecht et al., 2004). According

to Page (1993), a negative self-perception of physical attractiveness is associated with increased illicit drug use.

Disconnectedness from the family relationship and other relationship of the main stream of the society is a significant factor for female drug abuse. There have several issues for their disconnectedness. They received punishment when they disclosed their negative abusive incidence to their parents. Sexual abuse history was the most important incidence in the developmental history. But parental blaming and punishing attitude inhibited them to share their very personal matter with their parents. So, it can be said that in this way they developed a hiding tendency attitude. As a consequence of this they developed lack of bonding with their parents and family members due to communication gap and the lack of sharing of their inner most thought and emotion. They could not get their required comfort or could not feel relax in the home, as the environment of the family was not harmonious. Their conflicting family situation might have created an outgoing tendency in them, which pushed them to look outside of their family.

They gradually became disconnected from traditional gender role, because they observed that pleasure, power, drug, freedom - all were related with male person in the family and in society. In the present study there were some contextual factors by which male drug taking behavior was rewarded. Examples of such rewards were - getting pleasure, outburst of negative emotion (e.g., anger), power exercising, freedom etc. On the other hand, they observed the powerless status of their mother including other female persons compared with the status of male in the family. In many literatures, such second-class status of women in the family is described as feeling oppressed, suppressed, helpless and powerless. These women gradually developed an extreme need for power and position. To acquire much power

these might have created an unhealthy link between power, freedom and drug, by observing the male's attitude and behavior as their role model surrounding them in their early childhood.

Some institutions like *family, school, media* or *cultural group, antisocial group* or *prostitution group* etc. had played a greater role to influence female in drug abuse. The present findings found that fathers, elder brothers and other male relatives of the participants took drug in their home setting. So, many of them reported that they observed the permissive attitude towards drug in their home environment but it was restricted only for females. This type of discriminative attitude also created an extra interest about drug in the mind of the females.

Behavior pattern was also associated with drug abuse among females. Present study found that those female who had abuse problem, had a tendency to do risky and challenging behavior (pulling away from school, smoking secretly, maintaining male get up and makeup and fighting tendency, stealing). Many literatures addressed these behaviors as sensation seeking behavior. Sensation seeking behavior (Zuckerman, 1979) has been associated with participation in a number of risky activities including potential risky experiment, sports, vocation, criminal activities, sexual behavior, smoking, heavy drinking, drug use and abuse, reckless driving and driving under the influence of alcohol and gambling (Zuckerman, 1979).

Male partner is the great source for having drug in case of females. The present study also found that male partner is a significant source for female to initiate drug. Male partners influenced them in many ways. Sometimes females observe their partners to take drug, sometimes they were offered by their partners, sometimes their boyfriend supplied drug to them. Some women continued using alcohol to maintain the relationships as most of the

girls had an intimate male friend who took cigarette, marijuana, alcohol or other illegal drugs. The man often supplies drugs, and the woman becomes dependent on him for drugs (Dawson et. al., 2007). Women often begin their drug use as part of their relationship with boyfriends (Lex, 1995).

Craving for belongingness is unique and important issue for female drug abuse. Participants reported that they had attachment gap with their family members during early childhood and they attached with some new groups as members (antisocial group, media group, prostitution group). They felt emotional connectedness with the opposite gender. Actually they wanted to get peace as being a part of the relationship with the group's membership and getting male partners. In the present study, such groups served as their substitute family, in the face of their emotional disconnection from their original family. It was also seen in the present study that women had a lot of trauma like abusive history and depression. Most of the participants explained that their family environment was not favorable for them. So, it was seen that the bonding of relationship was disconnected with the family members. They felt close connection with their male partners in the late adolescent stage. So, it can be said that the participants of the present study also became intimate with their male partners for the sense of belonging. In case of women, the primary motivation throughout life is toward establishing a basic sense of connection to others (Covington & Surrey, 1997). It is said in a research named Journal of Early Adolescent that adolescent is a stage of identity formation. Identity of self is formed in this stage. Self-identity is formed in the boys by separating themselves from their mothers. Their developmental sequences are from closeness to separation. On the other hand, identity of self is formed in the girls by the close relationship with other. And they perceive their extending

self as “we”. They hardly accept the separation from their partner; they think that disconnection with the partner is same as disconnection from self. This type of thought is a threatening issue for them (Gilligan, 1982).

Section Summary. It has been described in this section about some factors before entering drug life by the female drug abusers. These are discriminative parenting, trauma, abuse, behavior pattern, emotional distress and entering into some special groups (substitute family). These negative experiences made them vulnerable to initiate drugs.

We have come to know from the above discussion why and how females are introduced to take drug. But why and how their drug taking behavior increases and what factors are associated to their maintenance of addictive life will be explained now.

4.2 Factors for Increasing and Maintaining Drug Taking Behavior among Females

In this section we will talk about the factors those help to increase and maintain addiction among females. It was found that females experienced two types of abuse: - one was drug abuse and another was partner abuse. Many participants reported that they experienced physical, emotional and sexual abuse by their intimate partners. Present study found that most of the females having addicted partners took drug in their home setting. It was also true that according to the participants' statement that the females who were incapable of playing wife role, they misbehaved with their husband most of the time. The issues related with female drug abuse were coping with pain and hurt, sexual perpetrator naming boy friend etc.

Cope with pain and hurt is important issue for female drug abuse. The present study found that many females took drug to cope with their break up pain. After break-up they had to face severe emotional pain. Their life was stressful before coming into drug life. Break of relationship increased their frustration more and more. The loss of virginity existing in their relationship was another frustrating issue for them. So, they started to take drug regularly for relieving pain from this stressful situation. Previous studies also support this idea. Females often use alcohol or other drugs to self-medicate in an effort to cope with the traumatic events (Miranda, Meyerson, Long, Marx, & Simpson, 2002; Teusch, 2001; Young, Boyd, & Hubbell, 2002). Women use alcohol and medicine because they need something to help them cope, relax, feel less anxious, get to sleep or feel comfortable (Galanter & Kleiber, 1999). Some studies indicate that drug dependency in females might result from inappropriate

medication prescribed by physicians, mass media effects, and personal desire to mental manipulation (kandall, 2010).

Sexual perpetrators naming boy-friend, is an important factor for female drug abuse. In the present findings it was found that almost all boy friend of the drug abuser women had the tendency to do physical relation with them**.** Most of the participants started their drug life through the influence of their male partners. Within some days of drug life they got engaged in physical relationship with their male partners. Then they wanted to get married with their partners, which is one of the dreams for Bengali girl. Their dream didn't come true as they were rejected by their male partners. So, they realized that their partner's real attitude was just flirting with them. They could understand that getting physical relationship was main intention of their partner. One article explored the link between rape and alcohol consumption. In a study it was found that twenty-six percent of the men who acknowledged committing sexual assault in a date reported being intoxicated at the time of the assault (Muehlenhard & Linton, 1987). Thus, this finding describes some explanation on the relationship between rape and alcohol consumption. Three of these explanations focus on alcohol consumption by the male perpetrator: (1) expectancies about the effects of alcohol; (2) misperception of women's sexual intent; and (3) the use of alcohol to justify behavior. Four of the explanations focus on alcohol consumption by the female victims: (1) poor sending and receiving of friendly and sexual cues; (2) diminished coping responses; (3) stereotypes about drinking women; and (4) enhanced sense of responsibility. The researchers suggested that alcohol is a contributing factor, but not a necessary factor for rape to occur. In the present findings the females also lost their virginity in the first relationship, and their

male partners did not accept the enduring partnership in the long run. Similarly, according to Pierce (2000), the majority of date rape cases typically involved alcohol.

Stress of single parenting is important factor for continuing drug among females. The present study found that single mothers face significant difficulty in providing quality childcare for their children. They did not have time to spend with children and faced problems in disciplining the children. It was difficult for many women to cope with life stressor when they were playing single parenting role. One study reported that poor interactions with children could be a significant source of stress (Davis, 1990; Greif, & Drechsle, 1993). The present study also found that single mothers with addiction also had the poor interaction with their children.

Intimate partner violence is one of the most significant risk factor for drug addiction among females. The present study found that females drug abuse have been closely linked with domestic violence. Domestic violence and addiction can exacerbate each other leading to more abuse and addiction which put the women into a vicious cycle of pain and suffering. They felt helplessness due to their inability to break away from such cycle. Previous study also supported the data that drugs and victimizations are clearly interrelated (Cunradi, Caetano, Clark, & Schafer, 1999; Miller, 1998).

It is an important question whether an **unhealthy sexual** life is related with female drug abuse. Findings of this study revealed that some females took drug to lose their sex desire, as they had no settled partner. Many reported that they involved with sex impulsively to meet up the demand of their addict partner. They became careless about their reproductive

health, that's why they had lack of consciousness regarding protection issue (using condom, sex in safe period). As a result they experienced abortion due to unplanned pregnancy, that's why reproductive health became threaten. As their regular healthy life was influenced by their addiction, their sexual life also later declined day by day. In a study it was revealed that power imbalances between males and females make it difficult for women to insist that their partners use condoms (Pinkham & Malinowska, 2007)

Singlehood is common occurrence among female drug abusers. Present study found that most of the participants were without partner in their marital status. They faced difficulty to play their different female roles, for example- wife role, mother role, due to addiction. Adjustment difficulty was there from both sides in the couple relationship. Gradually their life turned into singlehood. Other study also found same condition of womanhood that they became single in their drug life. Divorce is positively associated with drug life (Agrawa, Gardner, Prescott, & Kendler, 2005). Approximately 11 percent of divorced or separated women and 16 percent of women who have never married (in age range of 18 to 49 years) were dependent on alcohol or an illicit drug compared to only 4 percent of married women (SAMHSA, 2004).

Section summary. It has been shown in this section that male partner is one of the important sources to enter drug life of female. After then females abuser faced more problematic and stressful factors- relationship break up, virginity loss, coping with pain and hurt, intimate partner violence, singlehood, stress of single parenting and unhealthy sexual life. It is also highlighted that women were passing life through two kind of abuse; one drug abuse another partner abuse. As a consequence of drug abuse and partner abuse, the drug taking behavior of women is increased day by day.

The participants of the present study led their life with lot of pain and suffering in their addicted life, for that they could not perceive that drug addiction was the main problem in their life. But some critical incidence turned their view to accept the fact was that drug the main problem in their life. These are explained below.

4.3 Factors Associated with Health Care Seeking Behavior by the Female Drug Abuses

Perceive themselves *as a sex object* was important issue for emerging awareness against their drug life. The present study found that many females lost their sexual interest with their partner. It was also found that the price of their sex declined based on their external beauty. As women lost their marital satisfaction with their partner, women perceived that they used as an object of the sexual desire of their partners. On the other hands those women who used to sell sex lost their occupation of prostitution as their external beauty fade away. Being rejected by their client also made them depressed. So ignoring values and other relationship issues when one is considered only for sex, such experience might have created object like feelings in them. One participant of the study reported that her maternal uncle offered her sex when they used to take drug together. This was the nasty experience in her life. Objectification theory (Fredrickson & Roberts, 1997) postulates that many women are sexually objectified and treated as an object to be valued for its use by others. When a woman's body or body parts are singled out and separated from her as a person and she is viewed primarily as a physical object of male sexual desire, sexual objectification occurs (Bartky, 1990).

Mother role of being a perpetrator was another important issue for creating the awareness against drug. Participants reported that they abused their children in many ways- by negligence, by avoiding their responsibility, by ignorance and physical torture. As they became addict they could not play the mother role in a healthy way.

Female drug abusers became **Hopeless Due to their Losses.** In the present study the academic level of the participants were little learned, graduate and undergraduate. Most of them were in a good profession. But they had lost their job by taking drugs. Sometimes they sold their parental property. They had got into illegal sex cell and sometimes they had worked as a drug dealer for their financial crisis. All these losses together gave them feelings that their life was going out of control. Same feeling was found in one study that the female drug addict felt that their, "life was out of control (Green et al., 2002), (Green, Pollen, Dickinson, Lynch, & Bennett, 2002)

Loss of motherhood was a major pain of the female drug abusers. Alcohol and drugs can have a devastating effect on the course of a pregnancy and the development of the fetus. Evidence suggests that the harmful effect of cannabis, the most commonly used illicit drug are used by pregnant women and women of reproductive age (Australian Drug Foundation, 2005). The participants of the present study also had miscarriages of the on the same issue. But in the long run it was a great threat for their reproductive health.

At the end of the drug life gradually they realized that they need to come out from drug life. But when they were trying to come back from drug life they faced some barriers including - the fear of losing child, lack of financial support, possibility sexual harassment in hospital setting, inaccessibility of treatment centre, partner's influence and humiliation by the family and society.

Humiliation is one the factor of delaying treatment among the female drug users. In the present study participants also experienced humiliation in many ways. Some participants' husband disrespected them after receiving treatment. They thought that their husband got the chance to abuse them after they received treatment than before. Some expressed that they had no value of their opinion as they were addict. So they feared about the family members in case of treatment because they would be labelled after staying in the rehabilitation centre. This findings are also inconsistent with the previous findings in which it was reported that substance use among females are more highly stigmatized than males (Grella & Joshi, 1999), and social stigma, labeling, and guilt are significant barriers for females in receiving treatment (Nelson-Zlupko et al., 1995). Addicted women confront several other problems including stigma, poverty, and family reaction (Rahimi, Malayerikhahe, Delbarpour, & Amin, 2011).

Abuse in the hospital setting is an important factor for creating barrier to treatment of female drug abusers. Present study found that those women who were in addiction problem received treatment secretly. Family also denied accepting the treatment as they might face criticism from the society. That is why they wanted to maintain confidentiality as much as possible. Family members of female drug abusers kept silence regarding them to the society. In many cases family members became disconnected from female drug abusers and they took the rehabilitation centre as a confidential place to hide them from society. Hospital authority also took the chance to abuse them as women were support less. Many respondents of the present study were also harassed sexually by hospital staff. In Bangladesh, there is still lack of secured female rehabilitation centre. But the centers which provide the service must ensure

the safety and security of women. Female drug addiction is still a hidden issue in the context of Bangladesh.

Previous study also reported that barriers to treatment of young women that include pregnancy, lack of services for pregnant women, fear of losing custody when the baby is born, or fear of prosecution, voyeurism, and sexual harassment (Arfken, Klein, diMenza, & Shuster, 2001).

Women **life becomes collapsed** due to addiction. The present study found that many participants were kept in the rehabilitation centers for long time. Their relapse happened for several times. Family members did not get involved in the treatment process except keeping them in the rehabilitation centers. They felt bored and hopeless under the locked system of rehabilitation centers, as they perceived the non-supportive attitude of family members to bring them back to normal life. It is true that family members and society are used to see females in the culturally defined role that include doing household works, caring for the child and other family members, leading the conjugal life etc. Another issue was that female addiction was so hidden and secret that they had to seek treatment in the severe phase of the problem. They already had taken the retirement from all roles due to addiction. So it can be said that as they lost the means of their life, that's why their family became careless about them. Moreover, they perceived that family and society has expelled them in exile in the name of sending them to treatment centers.

Though they had many obstacles, they also had some **expectations** for leading a drug free life. It was found in the present study that they wished to live a life with a loving partner. Love and care by a substance free intimate partner, being a good mother and daughter in a

parent – child relationship bond were the key factors reported by women in terms of facilitating their drug free life.

Section summary. In this section, it is talked about factors associated with the help seeking behavior among women. Some critical incidents (self as sex object, mother role of being a perpetrator of violence) emerged their awareness regarding drug life; after that these victimized women firmly believed that drug was the major problem in their life. They faced a lot of obstacles (humiliation, abuse in the hospital setting, fear of losing child) when they wanted to come out from drug life. In the collapsing life, females had some expectations (self as being a wife, self as being a mother, self as being a daughter) for their recovery life. If their expectation ful-fils, they can achieve recovery (drug free life) by their willpower.

It is seen from the above discussion, the females who abused drug had some critical incident in their early childhood. Their emotional status was distressful. Consequently, they became member of some substitute groups (Ex. Antisocial group, media or cultural group, prostitution group, masculine type group). These environments pushed them to addict life. In addiction life they also faced the stressor of partner abuse. When they wanted to come back and tried to recover themselves from drug life, their protective factors were too less to recover. So they faced more obstacles when they seeked help for recovery. They wished that if they had any familial belongingness, they could recover from their drug life.

4.4 Development of a Model of Female Drug Abuse

The purpose of the present study was how females come into drug life, why they maintain their drug life, and what factors are associated with help seeking behavior by those women who are in drug addiction problem.

The researcher had to start in-depth interview about the first orientation of the drug of the participants and subsequently turned the interview to her past experience of taking drug gradually by the dig down process. After the analysis of the data the pathway to come into addict life by the female are found along with the several associated factors, which are interrelated to one another.

4.4.1 How the female came into drug life

From the findings of this research it is revealed that females came into drug life by the influence of their male partner, boy friend or husband. Before coming into drug life they were passing through a life with depressive mood, anger and rage towards parents and other family members. Some of them were dissatisfied in their female role also. There was excessive restricted attitude and discriminative attitude of parents towards offspring, which created intense anger and rage in their mind regarding their family and parents. It was hardly seen that as a women they followed their mother as a model figure, as they experienced that position of their mother was being tortured by their father and other family members. They had intense fear towards the mother Role. Simultaneously they were attracted by the heroic and powerful behavior of their fathers and brothers, because it was helpful to cope against the fathers' and families' imposed restriction on the females. It might be one of the causes behind the tendency to imitate the male attitude in them. For example, flying away from school, smoking secretly, maintaining male type fashion and makeup and fighting tendency- were seen in them. They were seen to follow masculine type behavior by imitating the attitude of their fathers and brothers. They began to face restriction and punishment for such type of attitude. How the females came into drug, is depicted in the figure – 4.1.

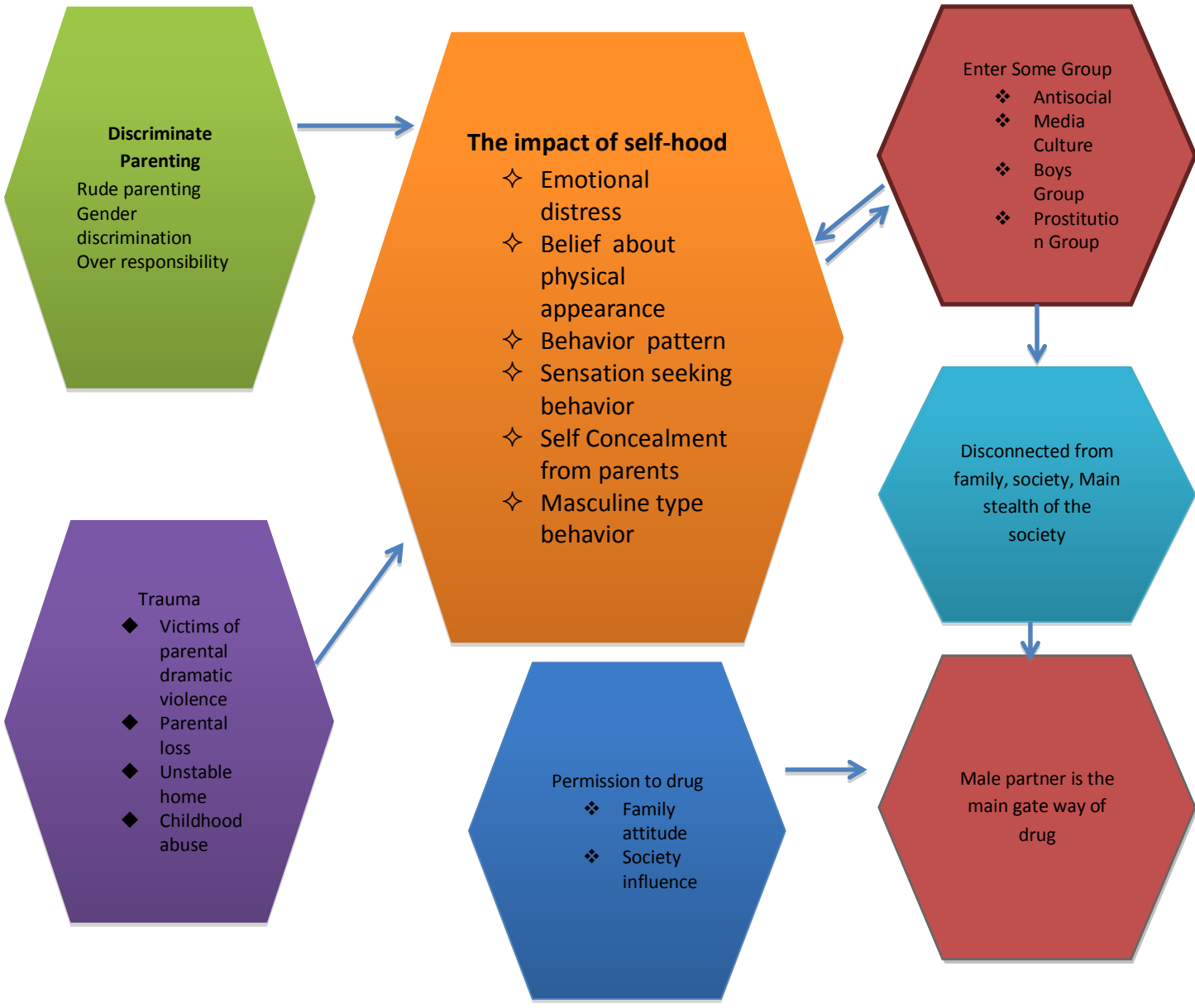


Figure 4.1: Initiating Factors of Entering Into Drug Life by the Females

. Most of the participants were the victims of sexual abuse in their childhood. They got punishment from parents when they complained about their sexual harassment to parents. It was the victim females, who had to receive the blame for the abusive incidence. Moreover, the female had to suffer from the abusive life experience for long duration in their childhood. Though they were with their parents in their own home, they were passing through various negative emotions like - phobia, apprehension and insecurity. They also did the self-blaming attitude thinking that being sexually abused might be their own fault.

Some females who lost their parents by natural death or the second marriage of their single parent, they had to grow up in an unstable shelter, which created homeless like feeling in them. They suffered from attachment crisis due to traumatized experience. This type of female had silently learned to behave like a male through their observation of male type behavior in the male dominating society. The powerful position, pleasure and recreation and the drug-taking attitude related to free life style of father and brother- created positive attitude towards drug in them. Along with the positive attitude of drug they had the masculine type, sensation seeking, and external beauty focused behavior pattern. They started to mingle with such group in the school whose members were interested to do risk taking behavior and where boys and girls were gossiping together due to their personality pattern. Some of them felt capability by smoking. In this way, gradually an alternative role was developed instead of traditional female role in them. For example, one female started raising her voice to protect her mother from the domestic violence. They were seen to become members of some special group where they adjusted themselves as they gradually gone away from their family and parents and thus they were displaced from the traditional female role. For example, one participant started living her life with her elder brother after losing her

parents where she had to earn by stealing. She continued to stay with the senior aged male gang group. It was easy to adjust with the gang for them due to their masculine behavior pattern. They were seen to get involved in stimulating groups like - media or cultural group for their sensation seeking behavior. They also got involved in some risk taking group for their newly formed adventures interests. It seems that by engaging with these groups, they were able to turn themselves from the past traumatized memories. These groups helped them as distraction from their negative feelings. They passed their time by gossiping with the members of the group by which they were able to cope with the past emotional distress that they got from their family.

Females gradually got disconnected from their family environment for their attitudinal changes. Such disconnection from family also helped them to avoid conflict with their family members. They became detached from the main stream of the society for following an alternative lifestyle. Most of the times their behavior and life styles were unwanted to family and surroundings. They had an enthusiasm for belongingness to somewhere among themselves. They felt attraction and closeness with the male partners in their late adolescent and first touched the drug, bearing in mind the emotion of fascination and romanticism, while passing time by gossiping. It has been clearly found from the present research that most of the females took drugs during their dating time in the private setting with their male partners.

The second purpose of the present study was to see why female continue drug and what factors are associated to maintain their drug life? The description of which is presented below.

4.4.2 The spiral pathway of drug abuse and partner abuse

After passing time with enduring deprivation of love in childhood when they felt emotionally connected with opposite gender at late adolescent they became dependent on male partner. According to their voice it was love relationship to them. They passed their first honeymoon stage of partner relationship with sharing, gossiping, doing sex and using drugs.

After spending the honeymoon stage of the relationship, difficult reality presented towards them. They faced betrayal from their male partners in such a time when they were dependent on both the partners and drugs. In the context of Bangladesh, loss of virginity was a great issue to them. As Bangladeshi women it was also stigmatized issue to them. So the virginity loss and drug abuse made their condition worse and their self-esteem became low. The nature of their relationship was volatile type, as it was quite unstable and prone to breakup due to the fact that they had mobility with drug addiction, leading to a risky sexual life. Moreover they felt pain and depression due to break-up. Since drug is a mood altering chemical, they used to take drug as a maladaptive coping tool for adjusting with their difficult reality. Gradually addiction developed in them. In addict life they developed various types of functional roles in themselves like - earner role to earn money, rescuer role to protect kids and to support other family members and masculine type role to maintain the familial property, and thus from the very beginning they were detaching from the traditional female role. The vicious cycle of drug abuse and partner abuse, is presented in the figure-4.2.

Figure-4.2: The Vicious Cycle of Drug Abuse and Partner Abuse

They never led a happy marital life. They lost their healthy normal wife role in conjugal life in addict condition and received the misbehavior and violence as an enduring partner of their regular life. They were abused by their partners physically, emotionally and sexually which gradually turned into singlehood by divorce or separation of the marital relation.

Though they were in singlehood, they had the responsibility of their kids and other members of the family. These women passed their time with enduring stress to ensure how they could establish a better future for their offspring. These children were missing both parents as father was absent from their life and mother was in addiction. As a mother they could imagine the terrible future of their children, which led them to take more drugs for relieving their stress. Ultimately they fell in depression due to loneliness and stress in their singlehood. Sometimes they avoided taking drug as they were suffering from drug life considering the difficult reality, but they could not do that. They took drug to get the immediate relief. The two types of emotion- drug leading emotion and drug quitting emotion, were fighting with each other in them. This conflict also tuned them to excessive use of drug.

In case of female drug abuse, partner abuse was closely associated with each other to maintain their drug life. The cause and consequence of drug abuse and partner abuse was related to one another. Their life became collapsed into a circular spiral pathway.

The third objective of the present study was what factors are associated with their health care seeking behavior when they were leading a drug-addicted life.

4.4.3 Factors associated with health care seeking behavior among female drug abusers

Female drug abusers were bounded by a problematic cycle of drug abuse and partner abuse. It seemed to be difficult to break the cycle for them. They expressed their wish to come out from this problematic world breaking the cycle due to some significant reasons.

A negative view came in their mind about drug when they abused their children due to their disturbed mental state. Their inability to play the mother role of motherhood created helpless, guilty feeling and stress in their mind. All-time they were passing time fearfully thinking that they would keep an uncertain future for their children like them. They wanted to give up drug when they felt unbearable pain in their mind regarding motherhood. The women ousted from female's role (mother, wife, and daughter) for a long time, thought herself as a sex object when she only became the sex desired object of males. For example – one husband did not give the scope to his wife to be drug free for sexual purpose. Another women's father like uncle proposed her for participating in sex act with him. They realized that this type of humiliation they were experiencing as women were only for their drug life. They denied accepting themselves as human being. The women therefore, wanted to break the cycle to get free from this humiliating life.

Many wishes of women life are based on nature. For example, marriage, kids are the timely gift of nature. But many women sacrificed the dream of their marital life and motherhood as they passed the right time. So, they had to sacrifice their dream of marital life and motherhood. They lost their profession, career and everything because of their drug life. They also faced limitations of positive resources and confidence in them to get out from drug life. Factors associated with their health care seeking behavior, are depicted in the figure 4.3.

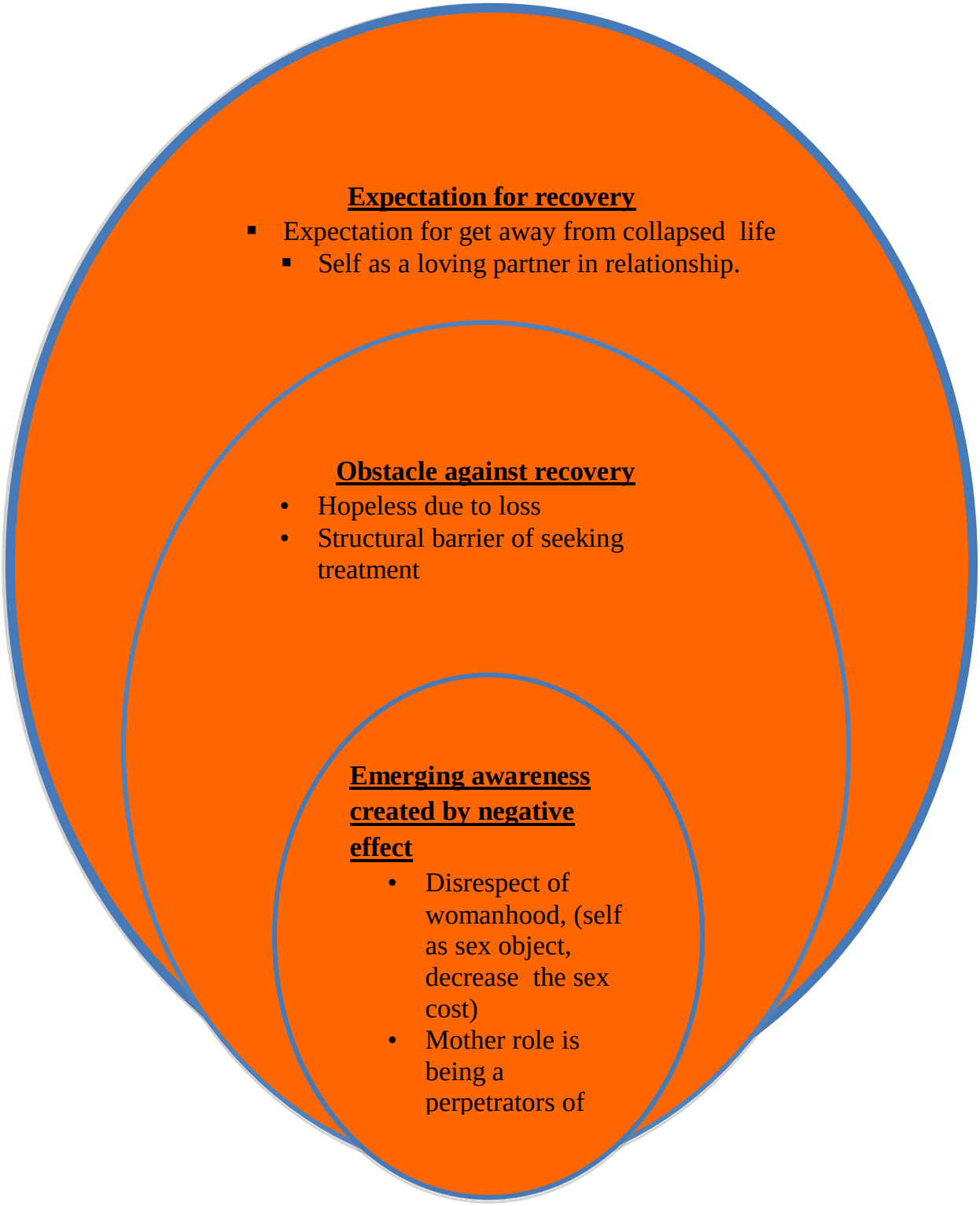


Figure – 4.3: Factors Associated with Their Health Care Seeking Behavior. "Life is Zero"

They faced a lot of barrier to receive the drug treatment while having limitation of positive resources. These were the fear of losing child, financial support, sexual harassment in hospital setting, inaccessibility of treatment center, partner's influence and humiliation of family and society.

They could fight against all barriers if their primary expectation is full-filled. Gradually being disconnected from their female role women, again wanted to bind themselves as a partner in a relationship. They wanted to recover their self- identity after being a partner in a relationship. They wanted to get return of their mother role, wife role and daughter role. According to their opinion only a child, a husband and a father can return their healthy life again.

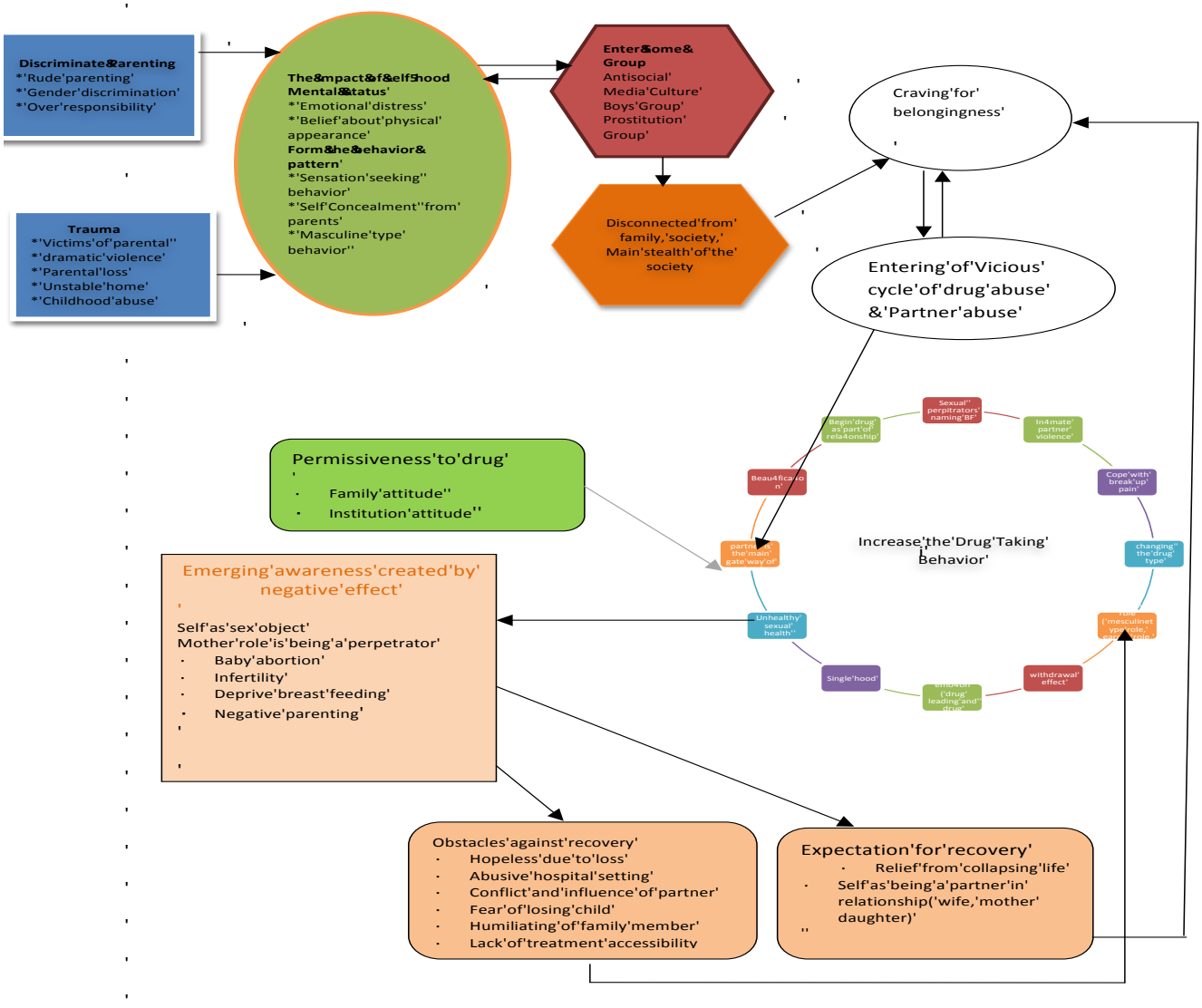
Model of the Present Study

From the present study two models have been developed based on the above discussion. The models are -

- ❖ The 'pathway' of female drug addiction: from initiation to addiction.
- ❖ The S- shape spiral pathway of female drug addiction**.**

4.5 The pathway of female drug addiction from initiation to addiction

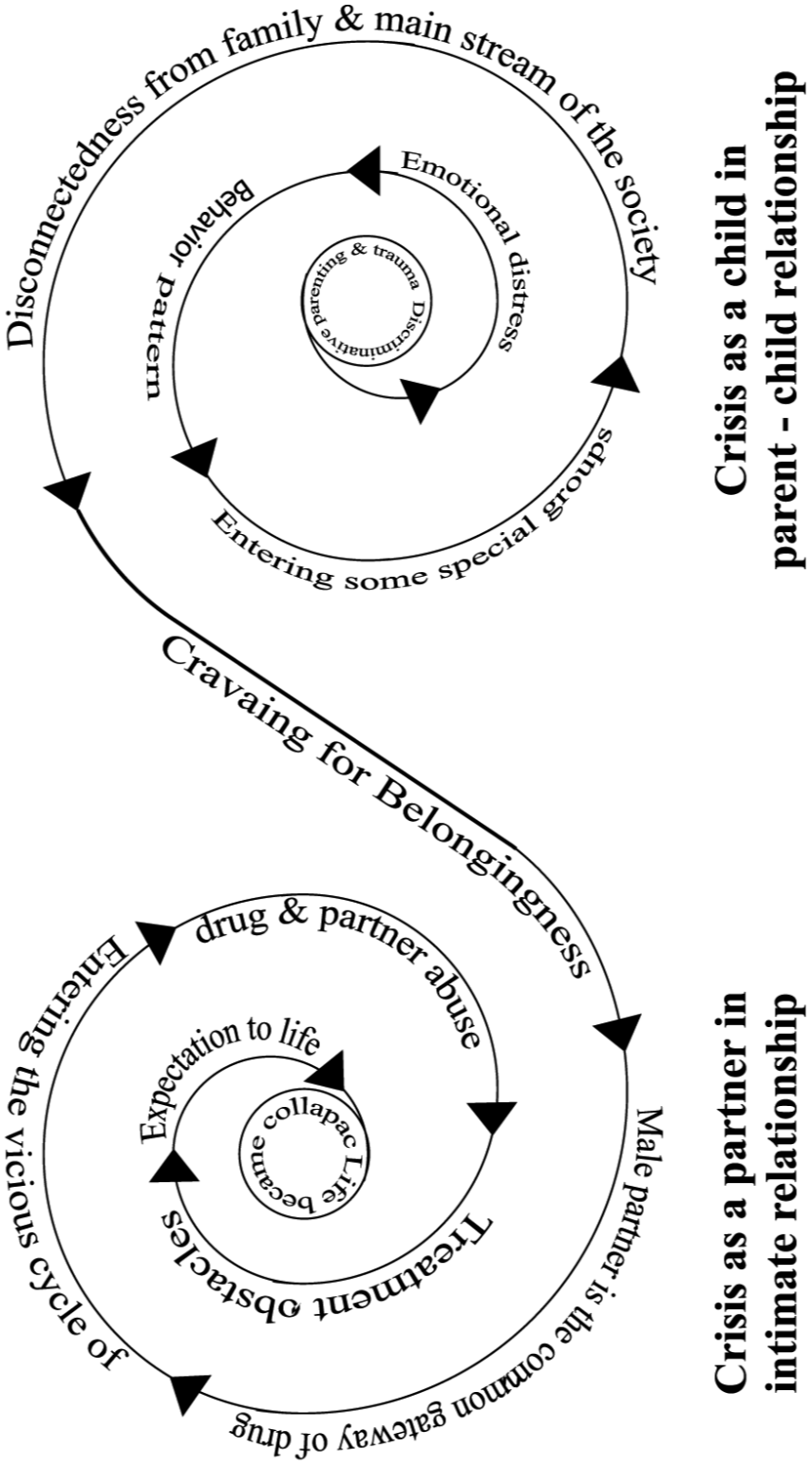
The pathway of female drug addiction from initiation to addiction, is presented in the Model 4.5 A. The pathway of female drug addiction: from initiation to addiction"- has been developed from the combination of The imitation factors of entering into drug life (figure 4.1), The vicious cycle of drug abuse and partner abuse (figure 4.2) and Factors associated with their help Seeking Behavior (figure 4.3).



Model-4.5 A: The 'pathway' of female drug addiction: from initiation to addiction

4.6 The S-shape spiral pathway of female drug addiction

The whole picture of the factors associated with drug abuse among females can be presented as S –shape spiral model which is presented in the Model 4.6 B. There are two processes in this model. Processes are –crisis as a child in a parent- child relationship and crisis as a partner in an intimate relationship, where the former leads to the later.



Model-4.6 B: The S- shape spiral pathway of female drug addiction

In the overall summary, it is revealed that from early childhood the sense of belongingness was created in the minds of those females by some critical incidents. Former problematic cycle of parent –child relationship leads to the next problematic cycle of intimate relationship for demanding love and belongingness. Their sense of belongingness was based on external stimulus focus. When they wanted to give up the drug life they were searching their identity as being a part in close relationship.

Existing literature suggested there have been link between the risk factors in childhood and adulthood of the female's life

In case of females, childhood sexual abuse is interconnected with drug abuse, risky sexual practice and prostitution of adult life (Medrano, Hatch, & Desmond, 2003). From the study of (Stein, Newcomb, & Bentler, 1994), it is uttered that the females whose behavior pattern is risky, challenging, impulsive (sensation seeking behavior) their adult life's risky behavior like drug abuse, multiple sex partner and abortion are interrelated. Those females who faced the parental domestic violence, in their adult life they also become victim of their partner abuse and the female play the perpetrator role with their children.

From the feminist perspective, the adolescent phase is the identity formation stage. In adolescent the developmental sequences of girls and boys are different. The autonomy- the independent self of boys is developed through the "closeness- separation" sequence from mother. On the other hand, the girl sequence is made by closeness-separation-closeness. Their extended self is in other relationship. As a result, if they will be disconnected they feel disconnected from self. They use drug to cope with difficult situation of their life (Gilligan,

1982). Recently several authors have proposed that there are important sex differences in the experience and construction of the self. A central theme of *Toward a New Psychology of Women* (Miller, 1976) is that "women's sense of self becomes very much organized around being able to make and then to maintain affiliation and relationships" (p. 83).While most developmental theories emphasize the importance of disconnection from early relationships to achieve a separate and bounded sense of self, women's experience contradicts such theory and she suggested that for women the primary motivation throughout life is toward establishing a basic sense of connection to others. Psychological problems and pathologies are the result of disconnections or violations within relationships, arising at personal/familial levels as well as at the socio-cultural levels.

From the perspective of the Stone Center model, women frequently begin to use substances in ways that initially seem to be in the service of making or maintaining connections, and to try to feel connected, energized, loved, or loving when that is not the whole truth of their experience (Surrey, 1991). Women often use substances to deal with hurt and pain in their relationships and also to try to provide for others (especially children) Women also turn to drugs in the context of relationships with drug-abusing partners – to feel joined or connected through the use of drugs. Women may actually use mind altering substances to try and stay psychologically connected with someone who is using drugs (Covington & Surrey, 1997). The link between risk factors of childhood and adulthood in females' life is shown in figure 4.4.

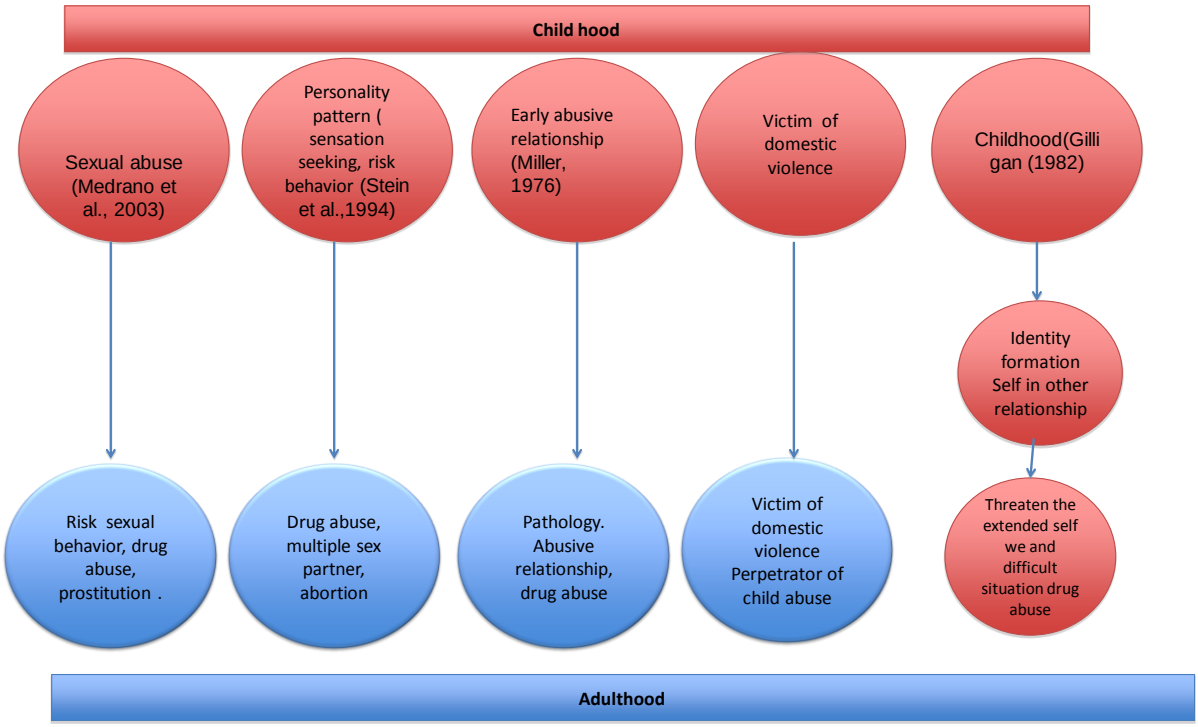


Figure-4.4: Risk Factors of Childhood and Adulthood

4.7 Limitation of the Study

- The participants of the research were taken only from 3 rehabilitation centers in Dhaka city. Therefore, maximum variation on sample selection couldn't be ensured in this study up to a satisfactory level.
- The factors were obtained from those who were under treatment but the information was not collected from a non-clinical population.

4.8 Implication of the Study

- Although the focus of this study was on the assessment of female drug dependence case, but the obtained results would contribute to design the treatment model for female drug abuse
- The findings of the present study might help females to recover from their drug addiction problem, by adopting some preventive measures.
- There is still insufficient knowledge about female cases, who abuse drugs, and this study would help clinicians to know what factors or areas should be needed for in depth analysis of the cases. Rigorous assessment could help to provide the evidence-based practice.

4.9 Recommendations for future research

- The present research raised the question about what type of relational model could be addressed for the proper development of inner self of women drug addicts, which can be a focus for further model testing research.
- From the findings of the present study further research should be conducted to know the relationship between early sexual abuse and substance abuse among females.
- In most of the cases, it was found that women were the victims of various abuses. In this perspective an appropriate service could be designed focusing on the immediate prevention of abuse. For designing such service further research should be conducted.
- Research is required to develop the minimum standard of guideline for the service providers of the female substance abuse treatment environment.
- Comparative study should be conducted focusing on substance related issues, involving male and female participants, to know how the related factors (drug related belief, initiation factors, maintaining factors etc.) differs based on gender.

4.10 Conclusion

Drug addiction is a worldwide problem. It is a much-talked topic globally. Many researchers have been conducted in this area but the knowledge was mostly based on male participants. So the present study is a great source for gathering knowledge on female substance abuse, which was mostly hidden and unexplored issue worldwide, including in Bangladesh. Through this research we came to know - why females take drug, how they maintain their drug life and what factors are associated to their health care seeking behavior by this study. So, this study does contribute to the understanding of the pathway leading to female substance abuse.

CHAPTER 5

REFERENCE:

Reference:

Agrawal. A., Gardner, C. O., Prescott, C. A., & Kendler, K. S. (2005). The differential impact of risk factors on illicit drug involvement in females. *Social Psychiatry and Psychiatric Epidemiology, 40(*6), 454–466.

Akhter, J. (2012). Prevalence of Substance Abuse among Female Residential Students Of Dhaka University**.** *ASA University Review, 6*(1), January–June, 2012.

Allen, S. S., Allen, A. M., Kotlyar, M. S., Lunos, al'Absi, M., & Hatsukami, D. (2012). Menstrual Phase and Depressive Symptoms Differences in Physiological Response to Nicotine Following Acute Smoking Abstinence. *Nicotine & Tobacco Research.*.

Amaro, H., & Hardy-Fanta, C. (1995). Gender relations in addiction and recovery. *Journal of Psychoactive Drugs, 27*, 325-337.

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition): Text-Revision (DSM-IV-TR)*. Washington, DC: American Psychiatric Pub.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*, Washington, DC: American Psychiatric Pub.

Anderson, T. L., (1997). Drug Use and Gender, 286–289.

Arfken, C. L., Klein, C., diMenza, S., Shuster, C. R. (2001). Gender differences in problem severity at assessment and treatment retention. *J Subst Abuse Treat, 20*, 53–7

Ashley, O. S., Marsden, M. E., & Brady, T. M. (2003). Effectiveness Of Substance Abuse Treatment Programming For Women: A Review. *The American Journal of Drug and Alcohol Abuse, 29*(1). doi.org/http://dx.doi.org/10.1081/ADA-120018838

Australian Institute of Health and Welfare (2008). 2007 National Drug Strategy Household Survey: State and territory supplement. Drug statistics series no.21. Retrieved on 29 August 2008. from. : http://www.aihw.gov.au/publications/phe/ndshs07-sats/ndshs07-sats.pdfn

Azim, T., Chowdhury, E. I., Reza, M. Ahmed, M. Uddin, M.T., Khan, R., Ahmed, G., Rahman, M., Khandakar, I., Khan, S. I., Sack, D. A., & Strathdee, S. A. (2006).Vulnerability to HIV Infection among Sex-worker and Non-sexworker Female Injecting Drug Users in Dhaka, Banglade ent: Implications for substance abuse. *Gender and Alcohol: Individual and Social Perspectives*, 335–351.

Back, S. E., Brady, K.T., Jackson, J. L., Salstrom, S., & Zinzow, H. (2005). Gender differences in stress reactivity among cocaine-depend entindi viduals, *Psychopharmacology*, 180, 169–176.

Bartky, S. L. (1990). *Femininity and domination: Studies in the phenomenology of oppression*. New York, NY: Routledge.

Bagher, M., Zafarghandi, S., & Jadidi, M. (2015). Drug Dependency and Women ' s Health, *2*(1), 2–5.

Benward, J., & Densen-Gerber, J. (1971). Incest as a causal factoring antisocial behavior: An exploratory study. *Contemporary Drug Problems: A Law Quarterly, 1, 323-340*

Brady, K.T., & Randall, C. L. (1999). Gender differences in substance use disorders, *Psychiatr. Clin. North Am*, 22, 241–252

Brook, D. W., Brook, J. S., Richter, L., Masci, J. R., & Roberto, J. (2000). Needle sharing: a

longitudinal study of female injection drug users. *American Journal of Drug and Alcohol Abuse, 26*(2), 263–281.

Boyd, C. J. (1993). The antecedents of women's crack cocaine abuse: Family substance abuse, sexual abuse, depression and illicit drug use. *Journal of Substance Abuse Treatment, 10*, 433-438.

Blume, S. B. (1997). Women and alcohol: Issues in social policy. In R. W. Wilsnack & S. C. Wilsnack (Eds.), *Gender and alcohol: Individual and social perspectives* (pp. 462-489). NewBrunswick, NJ: Rutgers Center for Alcohol Studies.

Brecht, M. L., O'Brien A, Mayrhauser, C.V., & Anglin, M. D. (2004). Methamphetamine use behaviors and gender differences. *Addictive Behaviors, 29* (1), 89–106.

Center on Addiction and Substance Abuse at Columbia University. (1996). *Substance abuse and the American woman.* New York, New York: author.

Chatham, L. R., Hiller, M. L., Rowan-Szal, G. A. , Joe, G. W., & Simpson, D. D. (1999). Gender differences at admission and follow-up in a sample of methadone maintenance clients. *SubstanceUse & Misuse, 34*, 1137-1165

Charmaz, K. (2006). *Constucting Grounded Theory : A Practical Guide Through Qualitative Analysis*. London Sage Publications.

Covington, S., & Surrey, J. L. (1997). The relational model of women's psychological development: Implications for substance abuse. *Gender and Alcohol: Individual and Social Perspectives*, 335–351.

Covington, S. S. (2002). Creating gender-responsive treatment. In S. L. Ashenberg-Straussner & S. Brown (Eds.), *The Handbook of Addiction Treatment for Women* (pp 52-72). New York: Jossey-Bass.

Corrigan, E. (1985). Gender differences in alcohol and other drug use. *Addictive Behavior, 10,* 314-317.

Cunradi, C. B., Caetano, R., Clark, C. L., & Schafer, J. (1999). Alcohol-related problems and intimate partner violence among white, black and Hispanic couples in the U.S. *Alcohol Clin Exp Res, 23,* 1492-1501

Daly, K. (1994). *Gender, Crime and Punishment.* New Haven: Yale University Press.

Davis, S. (1990). Chemical dependency in women: A description of its effects and outcome on adequate parenting. *Journal of Substance Abuse Treatment, 7,* 225-232.

Dawson, D. A., Grant, B. F., Chou, S. P., & Stinson, F. S. (2007). The impact of partner alcohol problems on women's physical and mental health. *Journal of Studies on Alcohol and Drugs,* 68(1), 66–75.

Ebrahim, S. H., & Gfroerer, J. (2003). Pregnancy-related substance use in the United States during 1996-1998. *Obstetrics and Gynecology, 101,* 374-379.

Edwards, G., Arif, A., & Hodgson, R. (1981). Nomenclature and classification of drug and alcohol related problems: a WHO memorandum. *Bulletin of the World Health Organization, 59* (2), 225-242.

Ehrenreich, B. & English, D. (1978). *For her own good: 150 years of the expert's advice to women.* Garden City, NJ: Anchor Press / Doubleday.

Farrell, E. (2001).'Women, children & drug use'. In Pike, B. (Ed) *A collection of papers on drug issues in Ireland.* Dublin: Drug Misuse Research Division, The Health Research Board.

Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women*

Quarterly, *21*, 173-206.

Galanter, M., & Kleiber, H. D. (1999). *Textbook of substance abuse treatment* (2nd ed.). Washington, D C: The American Psychiatric Press, Inc.

Gentilello, L. M., Rivara, F. P., Donovan, D. M., Villaveces, A., Dunn, C. W., & Ries, R. R.

Ghodse, H. and Maxwell, D. (1990). What is dependence? In H. Ghodse and M. Douglas (Eds.), *Substance abuse and dependence: an introduction for the caring profession.* Hong Kong: Macmillan Press.

Gignac, S. (1999). *Substance abuse and women: a comprehensive qualitative analysis of the literature* (Masters's thesis). University of Wisconsin-Stout Menomonie, Wisconsin 54751. Retrieved from http://www2.uwstout.edu/content/lib/thesis/1999/1999gignac.pdf

Grucza, A. R., Norberg, K., Bucholz, K. K., & Bierut, J. L., (2008). Correspondence Between Secular Changes in Alcohol Dependence and Age of Drinking Onset Among Women in the United States. *Alcohol Clin Exp Res*, *32*(8), 1493–1501. doi.org/10.1111/j.1530-0277.2008.00719.x.

Grella, C. E., & Joshi, V. (1999). Gender differences in drug treatment careers among clients in the national Drug Abuse Treatment Outcome Study. *American Journal of Drug and Alcohol Abuse*, *25*, 385-406.

Greenfield, S. F. (2002). Women and alcohol use disorders. *Harvard Review of Psychiatry*, *10* (2), 76-85.

Glaser, B. (1998). *Doing Grounded Theory: Issues and Discussions*. Mill Valley, Ca: The Sociology Pres.

Goldberg, (1995). Substance-abusing women: False stereotypes and real needs. *Social*

Work, 40, 789-798.

Gordon, L. (1981). Voluntary motherhood: The beginnings of the birth control movement. In M. Albin & D. Cavallo (Eds.) *Family life in America: 1620-2000.* (pp. 131-147). St. James, NY: Revisionary Press.

Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.

Greif, G.L., & Drechsler, M. (1993). Common issues for parents in a methadone maintenance group. *J Subst Abuse Treat*; 10:339–343

Green, C. A., Polen, M.R., Dickinson, D. M., Lynch, F. L., & Bennett, M. D.(2002) Gender differences in predictors of initiation, retention, and completion in an HMO-based substance abuse treatment program. *J. Subst. Abuse Treat*, 23, 285–295.

Godinho, J., Renton, A., Vinogradov, V., Novotny T, Gotsadze, G, Rivers, M. J, Bravo, M (2005). *Reversing the tide:Priorities for HIV/AIDS prevention in Central Asi*a. Washington, DC: World Bank

Hammer, T., & Vaglum, P. (1989). The increase in alcohol consumption among women: a phenomenon related to accessibility or stress? A general population study. *British Journal of Addiction, 84*, 767-775.

Henderson, D. J., Boyd, C., & Mieczkowski, T. (1994). Gender, relationships, and crack cocaine: A content analysis. *Research in Nursing & Health, 17,* 265-272.

Hurley, D. L. (1991). Women, alcohol, and incest: An analytical review. *Journal of Studies on Alcohol, 52* (3), 253-268.

Jersild, D. (2001). *Happy hours: Alcohol in a woman's life*. New York, NY: Collins Publishers.

Johnson, A., & Meckstroth, A. (1998, June 22). *Ancillary services to support welfare to*

work:Substance abuse. Retrieved November 5, 2004, from http://aspe.os.dhhs.gov/hsp/isp/ancillary/front.htm

Jordan, B. K., Federman, E. B., Burns, B. J., Schlenger, W. E., Fairbank, J. A., & Caddell, J. M. (2002). Lifetime use of mental health and substance abuse treatment services by incarcerated women felons. *Psychiatric Services*, *53*(3), 317–325. http://doi.org/10.1176/appi.ps.53.3.317

Kandall, S. R. (1996). *Substance and shadow: Women and addiction in the United States.* Cambridge, MA: Harvard University Press.

Kandall S.R. (2010) Women and drug addiction: a historical perspective. *J Addict Dis*, 29 (2), 117–26.

Kandel, D. B., Warner, L. A., & Kessler, R. C. (1998). The epidemiology of substance use and dependence among women. In C. L. Wetherington& A. B. Roman (Eds.), *Drug addiction research and the health of women* (pp. 105-130). Rockville, MD: National Institute on Drug Abuse. [Available as a PDF within the full document (http://www.nida.nih.gov/WHGD/DARHW-Download2.html) at http://www.nida.nih.gov/PDF/DARHW/105-130_Kandel.pdf]

Kandall, S. R. (1996). *Substance and shadow: Women and addiction in the United States.* Cambridge, MA: Harvard University Press.

Khajedaluee, M., Dadgarmoghaddam, M., Erfanian, M., Alipourtabrizi, A., & Khadem-Rezaiyan, M. (2015). Women, drug dependency and consequences: a study from a developing country. *Journal of Addiction*. doi.org/10.1155/2015/831954

Kauffman, S. E., Silver, P. &Poulin, J. (1997). Gender differences in attitudes toward alcohol, tobacco, and other drug. *Social Work, 42, 3,* 231-241.

Lex., B.W. (1995). Alcohol and other psychoactive substance dependence in women and men. In M.V. Seeman.

Lisansky-Gomberg, E. S. (1995). Older women and alcohol. In M. Galanter (Ed.), *Recen Developments in Alcoholism, Women and Alcoholism*, *12,* (pp. 61-80). New York: Plenum Press.

Martikainen P, Barley M, Lahelma E, (2002). Psychosocial determinants of health in social epistemology, *International journal of epidemiology,* (31).

Mahmud, (2009). *65 lakhs drug addicts in Bangladesh. The Bangladesh Today,* 6th February, p.3 10.

McGrath, K. G., Strickland, B., & Russo, N. (1990).*Women and depression: Risk factors and treatment issues.*

Medrano, A. M., Hatch, P. J., Zule, A. W., & Desmond, P. D. (2003). Childhood Trauma and Adult Prostitution Behavior in a Multiethnic Heterosexual Drug Using Population. *The American Journal of Drug and Alcohol Abuse*, *29*(2), 463–486. http://doi.org/http://dx.doi.org/10.1081/ADA-120020527

Miller B. A. (1998). Partner violence. In: Wetherington CL, Roman AB, (eds.), *Drug Addiction Research the Health of Women.* Rockville, Md: NIDA;99- 102.

Muehlenhard, C. L., & Linton, M. A. Date rape and sexual ag- gression in dating situations: Incidence and risk factors. *I Counsel Psychol*. 198734 186-1 96.

Mora J. (2002). Latinas in cultural transition: Addiction, treatment and recovery. In: Straussner SLA, Brown S, (eds.), *The Handbook of Addiction Treatment for Women: Theory and Practice.* San Francisco: Jossey Bass;.pp. 323–34.

Miranda, R., Meyerson, L. A., Long, P. J., Marx, B. P., & Simpson, S. M. (2002). Sexual

assault and alcohol use: Exploring the self-medication hypothesis. *Violence and Victims, 17,* 205-217.

National Institute on Alcohol Abuse and Alcoholism (1990). Alcohol Alert No. 10: Alcohol and Women. http://pubs.niaaa.nih.gov/publications/aa10.htm. Accessed on 13th August 2007.

National Center on Addiction & Substance Abuse (2006). *Women under the influence. Baltimore:* The John Hopkins University Press.

National Institute on Alcohol Abuse and Alcoholism. (1999, December). *Alcohol Alert No. 46: Are women more vulnerable to alcohol's effects?* Retrieved December 5, 2003, from http://www.niaaa.nih.gov/publications/alalerts.htm

Nelson-Zlupko L, Kauffman E, Dore MM. Gender differences in drug addiction and treatment: implications for social work intervention with substance-abusing women. *Soc Work*. 1995; 40(1), 45–54.

Nelson-Zlupko, L., Dore, M. M., Kauffman, E., & Kaltenbach, K. (1996). Women in recovery: Their perceptions of treatment effectiveness. *Journal of Substance Abuse Treatment, 13*, 51-59.

NIDA, National Institute on Drug Abuse, (2002). In Drug Abuse, Gender Matters

Orensein, P. (1994). *Schoolgirls: Young women, self-esteem, and the confidence gap.* New York: Doubleday

Parazzini, F., Chatenoud, L., Surace, M.,Tozzi, L., Salerio, B., Bettoni, G., et al. (2003). Moderate alcohol drinking and risk of preterm birth. *Eur J ClinNutr, 57,* 1345-1349.

Pipher, M. (1994). *Reviving Ophelia: Saving the lives of adolescent girls.* New York: Ballantine Books

Pinkham, S., & Malinowska-Sempruch, K., (2007). Women, Harm Reduction and HIV, New York: International Harm Reduction Development Program of the Open Society Institute. Retrieved on 1 August 2008 from http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/women_20070920/women_20070920. 22(2), 249-258.

Prendergast, M. A. (2004). Do women possess a unique susceptibility to the neurotoxic effects of alcohol? *Journal of the American Medical Women's Association*, *59*, 225-227.

Rahimi, M. A., Malayerikhahe, L. Z, Delbarpour, S. H., & Amin E. M. (2011) An Investigation on Women Needs for addiction treatment.*J PsycCli Psycho Ir, 17* (2), 116–25.

Resnick, H. S., Kilpatrick, D. G., Dansky, B. S., Saunders, B. E., & Best, C. L. (1993). Prevalence of civilian trauma and Posttraumatic Stress.

Riehman, K. S., Hser, Y.-I., & Zeller, M. (2000). Gender differences in how intimate partners influence drug treatment motivation. *Journal of Drug Issues, 30*, 823-838.

Roth, S., Wayland, K., & Woolsey, M. (1990). Victimization historyand victim-assailant relationship as factors in recovery from sexualassault. *Journal of Traumatic Stress, 3*, (1), 69–180.

Russell, D.E. (1982). The prevalence and incidence of forcible rape and attempted rape of females. *Victimology: An International Journal*, *7*, 81–93.

Robbins, S. J., Ehrman, R. N., Childress, A. R., & O'Brien, C. P. (1999). Comparing levels of cocaine cue reactivity in male and female outpatients. *Drug and Alcohol Dependence*. doi.org/10.1016/S0376-8716(98)00135-5

Safari, F. (2004).*Gender difference in substance abuse and its treat- ment, Iran: Drug Control Headquarters.*

Shu, X. O., Hatch, M. C., Mills, J., Clemens, J., & Susser, M. (1995). Maternal smoking, alcohol drinking, caffeine consumption, and fetal growth: *results from a prospective study Epidemiol*, *6*, 115-120.

Sheridan, M. J. (1995). A proposed intergenerational model of substance abuse, family functioning, and abuse/neglect. *Child Abuse & Neglect, 19*, 519-530.

Stein, J. A., Newcomb, M. D., & Bentler, P. M. (1994). Psychosocial Correlates and Predictors of AIDS Risk Behaviors, Abortion , and Drug Use Among a Community Sample of Young Adult Women, *Health psychology*, *13*(4), 308–318.

Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory (2nd ed.).* Thousands Oaks: CA, London: Sage Publication

Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009*

Teets, J. (1990). What women talk about: Sexuality issues among chemically dependent women. *Journal of Psychosocial Nursing, 28(12), 4-7.*

Thombs, D, Beck, K. H., & Mahoney, C. A. (1993). Effects of social context and gender on drinking patterns of young adults. *Journal of Counseling Psychology, 40, (1)* 115-119.

Theorell T. (2007). Psychosocial factor in research on work condition and health *Scandinavian Journal of Work Environment & Health, 33.*

United Nations Office on Drugs and Crime (2004) *Women and Drug abuse: The Problem in India*.

UNODC (2004). Substance abuse treatment and care for women: case studies and lessons learned. New York; UN.Xinhua News Agency. (June 25, 2004) Female IDUs, key population for fighting AIDS in China: experts. In UNODC (2005), World drug report. Vienna, UN.

UNODC (2004). *Substance abuse treatment and care for women.*

United Nations Office on Drugs & Crime. (2014). *World Drug Report 2014*: United Nations Publications

Wald, P. (1995). What about the kids? *Federal Sentencing Reporter, 8*, 137 - 141.

Wagner, F. A., & Anthony, J. C. (2007). Male-female differences in the risk of progression from first use to dependence upon cannabis, cocaine, and alcohol. Drug *Alcohol Depend, 86,*191–8.

Wald, P. (1995). What about the kids? *Federal Sentencing Reporter,* 8, 137 - 141

West, J. R., & Blake, C. A., (2005). Fetal alcohol syndrome: an assessment of the field. *Exp BiolMed*, 230, 354-356.

Wellisch, J., Prendergast, M. L., and Anglian, M. D.(1994). *Drug-Abusing Women offenders: Results of a National Survey*, National Institute of Justice. Washington,

Wilsnack, S. C. & Wilsnack, R.W (1995). Drinking and problem drinking in US women: Patterns and recent trends. In M. Galanter (Ed.), *Recent Developments in Alcoholism, Volume Women and Alcoholism* (pp. 29-60). New York: Plenum Press.

Willis, K., Rushforth, C., (2003).The female criminal: an overview of women's drug use and Offending behavior. Canberra: *Australian Institute of Criminology.* Retrieved on 7 August 2008http://www.aic.gov.au/publications/tandi2/tandi264.

Wilsnack, R. W., Wilsnack, S. C., & Klassen, A. D. (1984). Women's drinking and drinking problems: Patterns from a 1981 national survey. *American Journal of Public Health*,

74, (11).

Wilsnack, S. C., & Wilsnack, R. W. (1995). Drinking and problem drinking in US women: Patterns and recent trends. In M. Galanter (Ed.), Recent Developments in Alcoholism, *Women and Alcoholism, 12,* (pp. 29-60). New York: Plenum Press.

World Health Organization. *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization, 1992.

Yandow, V. (1989). *Alcoholism in women. Psychiatric Annals, 19,* 243-24.

Young, A. M., Boyd, C., & Hubbell, A. (2002). Self-perceived effects of sexual trauma among women who smoke crack. *Journal of Psychosocial Nursing and Mental Health Services, 40*, 46-53.

Young, E. (1990).The role of incest issues in relapse. *Journal of Psychoactive Drugs, 22(2), 249-258.*

Young, E. (1990).The role of incest issues in relapse. *Journal of Psychoactive Drugs, 22,(2), 249-258.*

Zuckerman, M. (1997a). *Sensation seeking: beyond the optimal level of arousal*. Hillsdale, NJ:
Erlbaum

CHAPER 6

LIST OF APPENDIX

Appendix A-1: Topic Guide English Version

Can you remember, when you took drug at first

- How old were you at that time?
- Which drug did you take?
- How did you take?
- In which circumstances did you take drug?
- How did you feel, when you took at first.
- When did you take drug second time?
- How did you feel and think when you took drug for the second time.

Developmental

Tell about some experiences on your good and bad feelings of your grown up period.

- How was your childhood?
- Relationship with your parents.
- With whom did you attach in your family and why?
- How was the relationship among your siblings?
- How was your social life?
- How was your relation with your teacher?
- Before taking drug had you any habit of taking medicine?
- How do you give importance about external beauty? Is there any influence of taking drug in it?

- How was your relation with your intimate partner?
- How long have you been taking drug?

For what have you continued drug? What was the impact of taking drug in every aspect of your life?

- External changes
- Personal life
- Social life
- Family life
- Health life
- Occupational life
- Sexual life

Tell the experiences about drug treatment

- When did you take drug treatment at first?
- Why did you take?
- How many times did you take?
- How was the incidence in favor of the treatment?
- How was incidence which obstructed you in taking treatment?
- Did you slip? Why?

Do you want to return from drug? Why do you want?

If you don't want, why don't you want

Appendices A-2: Topic Guide Bangla Version

১। আপনার কি মনে আসে আপনি প্রথম কবে মাদকদ্রব্য নিয়েছেন?

- ❖ সেই সময় আপনার বয়স কত ছিল?
- ❖ কোন মাদকদ্রব্য নিলেন? কিভাবে নিলেন?
- ❖ কোন ঘটনার পরিস্থিতিতে আপনি মাদক নিলেন?
- ❖ প্রথম যখন আপনি মাদ নিলেন তখন আপনার কেমন অনুভূতি হয়েছিল। এরপর ২য় বার কবে আপনি মাদক নিলেন?
- ❖ তার পিছনে আপনার Thought or felling গুলো কেমন ছিল?

২। Developmental: আপনার বেড়ে উঠার ক্ষেত্রে কিছু ভাল লাগা/ খারাপ লাগার অভিজ্ঞতা বলুন?

- ❖ পরিবারে কার সাথে বেশি Attached ছিল?
- ❖ কেন ছিলেন, ভাই-বোনদের মধ্যে সম্পর্ক কেমন ছিল?
- ❖ সামাজিক জীবন কেমন ছিল? Teacher দের সাথে সম্পর্ক কেমন ছিল?
- ❖ মাদক নিবার আগে কোন ঔষধ ব্যবহারের অভ্যাস ছিল কিনা ?
- ❖ কোন পীড়াদায়ক বিষয় বা **অভিজ্ঞতা।**

৩। বাহ্যিক সৌন্দর্যকে কেমন গুরুত্বদেন?

- ❖ মাদকসেবনে তার কোন প্রভাব আছে কিনা?

৪। অন্তরঙ্গ সাথীর সাথে সম্পর্ক কেমন ছিল?

৫। মাদক নেওয়া কতদিন চলছে? কি কি কারনে মাদক নেওয়া চালিয়ে যেতে হচ্ছে?

৬। মাদক নেওয়ার পর আপনার জীবনে তার প্রভাব কি রকম পড়ে?

- ব্যক্তিগত জীবনে
- পারিবাকির জীবন
- পেশাগত জীবন
- সামাজিক জীবন
- স্বাস্থ্যগত জীবন
- যৌনজীবন

৭। মাদকের চিকিৎসার অভিজ্ঞতাটা বলুন?

- কবে প্রথম নিলেন?
- কেন নিলেন?
- কতবার নিলেন?
- চিকিৎসা নিতে সাহায্য করেছে এমন ঘটনাগুলো কি রকম ছিল?
- চিকিৎসা পেতে বাধা পেয়েছে সে ঘটনাগুলো কি রকম ছিল? স্নিপ হয়েছিল কিনা? যদি হয় তবে কেন হয়েছিল?

৮। মাদক ছাড়তে চান কিনা? কেন চান? যদি ছাড়তে না চান তবে কেন চান না?

Appendix-B: Demographic Information Sheet.

- Date :
- Age :
- Education :
- Religion :
- Occupation :
- Marital status :
- Number of family member :
- Sibling :
- Birth order :
- Family income (monthly) :
- Self income :
- Socioeconomic status :
- Duration of drug abuse :
- Number of treatment :
- Number of relapse :
- Current substance :

Note:
……
……
……
……

Appendix-C: Consent Form

গবেষনায় অংশ গ্রহনের সম্মতি পত্র

আমি মুক্তা জাহান বানু, ঢাকা বিশ্ববিদ্যালয়ের ক্লিনিক্যাল সাইকোলোজি বিভাগের এম,ফিল গবেষক। পাঠক্রমের অংশ হিসেবে আমি নারীদের জীবনের উপর একটি গবেষনা করছি। যার শিরোনাম " Psychosocial factors related to drug abuse among female drug users''. এই গবেষনার মাধ্যমে বুঝতে পারা যাবে নারীরা কেন মাদক গ্রহন করে, যা তাদের কে মানসিক সাস্থ্য সেবা দিতে সাহায্য করবে । এই উদ্দেশ্যে আমি কিছু তথ্য নিব আপনার কাছে।এই তথ্যগুলো শুধুমাত্র গবেষনার কাজে ব্যবহার করা হবে এবং ব্যক্তিগত সকল তথ্য গোপন রাখা হবে । তবে গবেষণায় অংশগহণ করা বা না করা একান্তই আপনার ইচ্ছার উপর নির্ভরশীল। এক্ষেত্রে নিম্নে আপনার স্বাক্ষর বা মৌখিক অনুমতি একান্ত কাম্য।

স্বাক্ষর.....

Appendix-D: Explanatory Statement

গবেষনায় অংশ গ্রহনের ব্যাখ্যা মূলক বিবৃতি

গবেষনা শিরোনামঃ মেয়েদের মাদক অপব্যবহারের সাথে জড়িত মনো- সামাজিক উপাদান সমূহ অনুধাবন।

আমি মুক্তা জাহান বানু, আমি এম.ফিল ডিগ্রির অংশ হিসাবে ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা মনোবিজ্ঞান বিভাগের প্রফেসর ড. মুহাম্মদ মাহ্মুদুর রহমান এর তত্ত্বাবধানে একটি গবেষণা করছি। এই গবেষনাটির ভিত্তি করে আমাকে একটি থিসিস (প্রাপ্ত তথ্যের উপর ভিত্তি করে রিপোর্ট) লিখতে হবে।

গবেষনার লক্ষ্যঃ কিভাবে একটা মেয়ে মাদক নেশার জীবনে আসে এবং কিভাবে মেয়টাকে নেশার জীবন চালিয়ে যেতে হয় সেই প্রক্রিয়া বিশদভাবে খুজে বের করার চেষ্টা করা হবে এই গবেষনাটির মাধ্যমে।

কেন আপনাকে এই গবেষনায় অংশগ্রহন করতে অনুরোধ করা হচ্ছে :

আমার গবেষনার শর্ত অনুযায়ী আপনার বয়স ১৮ বছরের উর্দ্ধে এবং আপনার মাদকের সমস্যা ব্যতিত অন্য কোন ধরনের শারীরিক ও মানসিক অসুস্থতা নেই, সেই জন্য আমার গবেষণায় আপনাকে অন্র্ভূক্ত করতে চাচ্ছি।

গবেষনায় যা করা হবেঃ

আপনার সাথে সাৰাৎকার পদ্ধতিতে তথ্য সংগ্রহ করা হবে। তথ্য সমূহ অডিও ক্যাসেটে সংরক্ষন করা হবে এবং লিখিত ভাবেও সংরক্ষন করা হবে।

গবেষনায় অংশগ্রহন করলে যে পরিমান সময় দিতে হবেঃ আমি আপনার সাথে সাৰাৎকার চালাব। আমি আপনার মাদক জীবনে আসার সম্পূর্ণ ইতিহাস শুনব। সে ক্ষেত্রে আপনার জীবন ইতিহাস শোনার প্রেক্ষিতে সময় কম বেশী হতে পারে। তবে আমি ফিল্ড টেস্টিং করেছি, যার উপর ভিত্তি করে আমি আশা করছি সাৰাৎকার সময় সীমা সর্ব নিম্ন ১ ঘন্টা থেকে সর্বোচ্চ ২ ঘন্টা লাগতে পারে।

সম্ভাব্য সুবিধাঃ

মেয়েদের মাদক নেওয়া এই বিষয়টা সারা বিশ্ব ও বাংলাদেশে একটা অনালোচিত বিষয়। আর যে কারনে মেয়েরা কেন মাদক নেয়, মাদক সমস্যার সাথে মেয়েদের জীবনে বিশেষ বিশেষ মনো-সামাজিক উপাদানগুলো কি সেটাও অজানা। আর সেই কারনে মেয়দের মাদক জীবনে না আসার জন্য কোন প্রতিরোধমূলক ব্যবস্থা গড়ে তোলা সম্ভবপর হয় না। মেয়েদের মাদক সমস্যার চিকিৎসা সেবা অপ্রতুল । যাও চিকিৎসা দেয়া হয় তার ফলপ্রসুতা কম। আর সে জন্যই মেয়েদের মাদক সমস্যার সাথে জড়িত উপাদান জানা প্রয়োজন।

এ গবেষনায় অংশগ্রহন আপনাকে ব্যাক্তিগতভাবে কোন পত্যক্ষ সুবিধা না দিলেও মেয়েদের মাদক সমস্যা নিরসনে সমাজ ও বিশ্বের জন্য হতে পারে সম্ভবনার শুরম্ন।

গবেষণায় অংশগ্রহনের সম্ভাব্য অসুবিধা :

আমি যে সব বিষয় গুলো নিয়ে কথা বলব সেটা আপনাকে আবেগীয়ভাবে সংকটের মধ্যে ফেলতে পারে। বিষয়গুলো আপনার পূর্বস্মৃতি ও আবেগের সাথে জড়িত, যা বলতে গিয়ে আপনার অস্বস্ৰি ও কষ্টের উদ্রেক করতে পারে। সেক্ষেত্রে আপনি যদি কাউন্সেলিং ও থেরাপিউটিক সহায়তার প্রয়োজন অনুভব করেন তাহলে ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা মনোবিজ্ঞান বিভাগের যোগাযোগ করতে পারেন।

গবেষনার অংশগ্রহন প্রত্যাহারঃ

এই গবেষণায় অংশগ্রহন সম্পূর্ন আপনার সেচ্ছাধীন। এই গবেষনায় অংশগ্রহন করার পরেও যে কোন সময় আপনি অংশগ্রহন প্রত্যাহার করতে পারেন।

গোপনীয়তাঃ

আমি আপনার তথ্য সমূহের সম্পূর্ণ গোপনীয়তা রৰা করব। এমন কোন তথ্য কোন ব্যাক্তি বা রিপোর্টে প্রকাশ করা হবে না যা দিয়ে আপনাকে চিহ্নিত করা যাবে।

গবেষনার ফলাফলঃ

আপনি যদি এই গবেষনার ফলাফল সর্ম্পকে জানতে চান তাহলে অনুগ্রহ করে আমার সাথে (mjb.mamoni@yahoo.com) ই-মেইল এর মাধ্যমে যোগাযোগ করবেন।

আপনার সহযোগীতার জন্য অশেষ ধন্যবাদ ।

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মুক্তা জাহান বানু
তারিখঃ

Appendix E: Original Quotation and Translate Quotation

বাংলা	English
(কি কি কারনে মাদকটা কনটিনিউ হল?) এগুলোই সব কিছু আব্বুর জন্য। আমার ওয়ালর্ড টাই হলো আমার আব্বুকে নিয়ে। আব্বুকে অনেক ভালবাসি। আর আব্বুই আমার জন্য অভিশাপ হয়ে দাড়িয়েছে। এই আব্বুই আমাকে কষ্ট দেয়, পানিসমেন্ট দেয়, বোঝার চেষ্টা করে না। আবার এক হাতে তালি বাজে না। আমিও হয়ত আব্বু যা চাইছে তা করি নাই। অমার সবকিছু আব্বুর কাছ থেকে আসছে। আব্বুর মত আমারও সব কিছু ঘাড় তেড়া। আব্বু বলে আব্বুর সবকিছু হতে হবে আর আমি বলি আমার সব কিছু হতে হবে । তখন আব্বুর সাথে আমার লেগে যাই।	*Everything happens only for father. My world is with my father. I love dad very much. But father has become curse in my life. It is father who gives me pain, punishment and misinterprets me. He does not try to understand me. It is true that conflict never begin from one sided. I also might not do what my father desired. My pattern is same with my father's personality. I am stubborn just like my father. Father expects that everything should be done according to his words on the other hand my demand is that everything should be according to my choice. Then conflict is created with my father.*
ধর্মটা কেন ভুলভাবে আমার উপর ইমপোজ করছে। ওটা যদি তুমিও করতে পার আমিও করতে পারব, এ জন্যই প্রশ্ন গুলো জাগতো ধর্মের দোহাই দিয়ে কি বলতেছেন? এমনতো কোথাও নেই। যেমন- বাইরের যাওয়ার প্রসঙ্গে, আব্বু, আমি বাইরে লেট হয়। মেয়ে মানুষ এখন যাওয়া যাবে না। তখন আমি দেখতাম সূদর চীনে যাওয়ার কথা শুধু আপনি আপনার ছেলের জন্য বলেন কথাটার ভিতর কোথায় লিখা নেই মেয়েরা যেতে পারবে না। মেয়েরাও পারবে। সেজন্য মেয়েদের সে জায়গা একটিভ করতে হবে।	*Why is the religion being wrongly imposed on me? If you can do that work, I can also do the same. So the questions arose in my mind what my father said for the sake of the religion. Such a thing is mentioned nowhere. In case of going outside, when I informed my father that I would be late to return, fathe instructed me that females are forbidden to do this. Then I noticed that he only permited his son to go abroad (China) but no where*

	mentioned that girls are restricted to do the same. Girls also can. For this girls have to be given access to that place.
আম্মাকে নিয়ে যেহেতু মেডিকেল নিয়ে দৌড়াদোড়ি করতাম মেডিসিন সম্পর্কে অনেক আইডিয়া ছিল, আব্বুকে ইনসুলিন দিয়ে দিতাম। সবকিছু করতাম, ভাইয়াকে ইনসুলিন দিয়ে দিতাম। আম্মুর মেডিসিন নিয়ে আসতাম। ডাক্তারদের সাথে কনসাল্ট করতাম। ইন্টারনি আপুদের সাথে অনেক কথা হত মেডিসিন সম্পর্কে, এই জন্য মেডিসিন সম্পর্কে অনেক আইডিয়া ছিল। আমি তাই স্লিপিং পিল খাইলাম। তিনদিন যখন ১টা মানুষ না ঘুমায় তখন তার অসুস্থতা বা সিকনেস চলে আসে,	*I had enough responsibility for my family members like I would always take to hospital of my mothers, I would give medicine and insulin to my father and also my brother. I would give medicine and insulin to my father and brother also. That's why I felt sickness for lack of rest. Then I had decided that I had to take sleeping pill for sound sleep. It was easy for me because I had enough idea about medicine because most of the time I had consulted with internship doctors,*
(বাবা মার সম্পরক)সব সময় জন্মের পর থেকে দেখে আসছি। এগুলো দেখে দেখেই বড় হয়েছি। এটা আপনার মনের ভিতর কি রকম প্রভাব ফেলেছিল। আমি চাই এগুলো থেকে দূরে থাকবে। আমার যদি এমন কোন সুযোগ থাকত, বিয়ে করে দূরে কোথাও চলে যাওয়ার চলে যেতাম।	*The relationship between father and mother is poor, Since my birth I have always notice it. I have grown up seen this. I always want to stay away from this situation. If I had any opportunity to go somewhere out of my house after marriage I would do the same.*
মা সব সময় বলত তুমি আমার *unwanted* পেইন। না চাইতেই এসে পরছিলা। তমাক আমার রাখতে হয়েসে। তখন আমার এজ ছিল না কিছুই করার।আমি বলি	*Mother always said "you are my unwanted pain. Without my expectation you were conceived, that's why I had to take you. At that time I had no*

মা ১৭ এজ এ একটা মেয়ে অনেক কিছুই বুঝে। মাঝে মাঝে বলি কিভাবে থাকতে হই সেটা ত জানতা। আর *protection* নেয়া জান্তা না। আমি বলি আমার কি দোস। আমি যখন *unwanted pain,* ছিলাম আমাক আবরসন করতা। তখনি শেষ হয়ে জেতাম, কিন্তু সারাটা জীবন দুনিয়ার সাথে,কি বলব, ছোটবেলা থেকে বাপ মার আদর পাই নাই। এটাই দুখ আমার জিবনের। মা আমাকে কেন মানুস করল না। মা আমাক বকা দিত, মার দিত, তারপর ত কিছুহু দিত। আমার এক বন ডাক্তার, ভাই ভাল রেজালত করেসে। আমি না ভাল রেজাল্ট করেসি, শুদু পাস করে গিয়েসি, কিন্তু আমি আমার মার কাছে থাকলে অঙ্কে ভাল রেসালট করতাম। আমার মা বুজে না যে আমি কততা কস্ট পাই। বাবা মা সারা বাচা জাই না। কন বাচ্ছা সঠিক মানুস হতে পারে না। কস্ট পেয়া জখন বলি তকন মা বুঝে না। মনে করে আমি ইনসালত করসি। বাবামার সাথে থাকলে ভাল কিছু করতে পারতাম। একজন মরে গিয়ে বেচে গেছে, তুমি বিয়ে করে বেচে গেস।আমি কিভাবে বেচে আছি?	*scope to do anything". I replied "mom, at the age of 17 a girl can understand many things. Sometimes I told motherthat you know how you could stay with my father but didn't you know how protection could have been ensured? What is my fault mom, I was unwanted, you could have aborted me, and then I was finished forever. But whole life I did not have to carry this pain. I have grown up without my parents' love. This is major sadness in my life. Why mother could not bring up me properly. Mother could have tortured me beaten me but at least she could have done something for me. One of my sisters is doctor; brother has made a good result. But I did not get good result. Always I passed somehow. But if I stayed with my mother I would get good result. My mother doesn't understand that how much I was hurt. Without parents living is impossible; no child can be a proper person. When I share my pain, mother doesn't understand me. She thinks that I insult her. Good job could be done if I would stay with my parents. One gets lost from me by death and another one by marriage. How can I live now?"*
আব্বুকে বলছে আম্মু। আব্বু প্রথমে একটা চড় দিল আমি	*Mother informed father about my abuse.after*

ছুটে গিয়ে আরেকদিকে পড়লাম। তারপর আমার মনের ভিতর চলে আসল এমন কিছু হলে বলা যাবে না। আমিই মার খাচ্ছি, এবং মজার ব্যাপার হচ্ছে, আমার ফুফাত ভাই এর বাসায় আসা বন্ধ হইল না।	*hearing it father slapped me and I felt down. Then it came to my mind back I should not disclose anything like this. It was I who am being tortured but the intersting thing is that the visit of my cousin to our house was not stopped.*
আমি ভয়ে ভয়ে থাকতাম। আমাকে আরও এবইউজ করতো। আমি তখন বুঝতে পেরেছি আমার মা আমার খেয়াল রাখতে পারবে না ভালোভাবে আমার নিজের খেয়াল রাখার জন্য বড় হওয়া শুরু করলাম।	*After being abuse, I had remained fearing. I was abused more. I understood then mother could not take care of me properly. I could realize that I had to take care of myself properly in my own responsibility*
আমার মার ছেলে সন্তানের প্রতি এতটান এতটান উনার ১টা পালস্নায় ৫টা মেয়ে বাকি ৮০ ভাগই হল তা ছেলে সন্তান। আমার মা মারা গেছে। তার ১টা মাত্র সন্তান।	*My mother felt so much attraction to her son. In her one balance a weight there are five daughters and remaining 80% her son. She has only one male child''*
বারে বারে ছেলে মানুষ ছেলেমানুষ, ছেলেমানুষ, ছেলেরা পারে আর মেয়েরা পারে না, ছেলে মানুষকে বলাও হয়না ছেলে মানুষ। আর মেয়ে মানুষ কে বলা হয় মেয়ে মানুস। আমার মনে পড়ে আমি খুব ছোটবেলায় একটা *paragraph* পড়েছিলাম *Gender discrimination* ।*Gender discrimination* কিসের জন্য আমাকে পড়াশুনা করাচ্ছ, যেটা আমার ঘরের ভিতর প্রতিদিন হচ্ছে, আমি পড়বই না,	*\Repeatedly, it is said male person, male person. Boys can do, girls can't do. Male person is not called male person but female is always named female person. In my early childhood I read a paragraph on gender discrimination. Why are u making me educated? Gender discrimination-taking place every day in my house. I finally decided not to study.*
আমি সবসময় হতাশার আত্বগস্নানিতে ভুগতাম মনে হত আমি একটা ব্যার্থ মানুষ। আমি কখনো কোন কিছু	*I always felt frustration and self blaming.*

এসিভ করতে পারিনি।	*I am a failure person and could not achieve anything.*
আমিত দেখতে সুন্দর না, যদি গায়ের রং আরও সুন্দও হত, আরও যদি স্মার্ট হত, তাহলে অনেক ছেলে আকৃষ্ট হত।	*I am not beautiful. If had a nice look and smartness I would attract a lot of boys.*
এটা খেলে তুই আমাদেও মত শুকায় যাবি বলল। তখন বললাম সত্যি আমি সুকাই যাব।এতাই *intention* ছিল।তো ভাবলাম স্টাডি করে দেখা যায়।ওজন কমবে। তখন স্বাস্থ্য ভাল ছিল। মোটা সটা , সবাই বলত এত হেলদি কেন।শুন্তে ভাল লাগত না। তো ওদের বললাম মাঝে মাঝে একটু খাব।	*If you took it you will be slim, then I thought that really I will be slim. It was the intention to take it. I thought that it could be started, weight will be decreased. That time I was a fatty person. Everybody called me fatty. I did not accept this type of comment*
সব সময় আব্বুর আলমারীতে লিকার রাখা থাকত, সুতরাং এগুলো দেখে অভ্যস্ত ছিলাম। এতবেশী ভড়ৎনরফফবহ ছিল না সুতরাং আমার এমন কিছু মনে হয়নি আমি কোন নিষিদ্ধ কোন কিছুর কর ফেলতেছি কিন্তু আমার আবার খাওয়া যাবে না, মেযে মানুষের সিগারেট খাওয়া যাবে না, মেয়ে মানুষ কিছু একটা করছে, এই জিনিসটা ছিল ।কিন্তু এটার বিরন্নদ্ধে আমি সব সম	*All-time likar was available in my father's almirah, so I was used to see these. It was not so forbidden in my family. That's why I never thought that I did something which is forbidden but it was only restricted in case of females*
খেয়ে উঠেই ৩ জন ৪ জন ওরা সিগারেট খেতে চলে গেল তখন বিশাল গল্প, গুজব হচ্ছে আর আমার একটা মরা সত্বার মত বসে আছি, ওটা দেখে আমার ওটার উপর একটা ভধৎপরহধঃরড়হ চলে যায়,	*They – three or four in number went to smoke soon after finishing meal. They were enjoying the time in gossiping and joy. We remained as dead soul. It attracted my fascination*
ওই চিপায় দাড়াইয়ে সবি চলত, গাঁজা সিগারেট ফেনসি চা সবি চলত। ওখানে এসে দেখলাম মেয়েরা হরদম সিগারেট খাচ্ছে। আরে আমি একদম পারফেক্ট জায়গায় এসেপড়ছি। বাংলা মিডিয়াম ইংলিশ মিডিয়াম দুটাই ছিল আমাদের । যদিও ইংলিশ মিডিয়ামের বেশি বাংলা মিডিয়ামের নবম-দশম	***I** went to school and saw that females were taking drug randomly. I thought that I had come in a perfect place. There were students from both bangle and English medium. Though the number*

এ পড়ছে তারা হরদম খাচ্ছে। আরে মজার এতদিন পর পারফেক্ট জায়গায় এসে পড়ছি। ষঃরসধঃবষু আমি চলে যাই ঐ জায়গায়।	*of students from English medium schools were higher. It was matter of joy that I had come in a perfect place and I entered this place ultimately.*
(কি রকম পরিবেশ ওখানকার ? এ পরিবেশটা কি মাদক নেয়ার উপর কোন ধনের প্রভাব ফেলে ?) হ্যাঁ ।ওদের মধ্যে ,ওরা রেগোলার ছিল (ড্রাগ)। ওরা সেক্স করতো। পরের দিন শুনতাম যে, ও ওর সাথে সেক্স কওে ফেলেছে	*(how was the environment and had any influence to take drug of this environment)* *Yes. In my school drug was availale. My peers regularly use drug. They were also used to do sex*
থাকার কন বাস এস্থেসন ছিল না আমার।যেখানেই যেতাম সেখানেই ঠোকনা খেতাম, খালার বাসা থেকে ঠোকনা খাইলাম আমার সাপরতিং মানুস ছিল না। যদি থাকত তবে আমি নস্ট হতাম না।	*' I had no shelter for living. I had no bus station for staying. Wherever I went I got the obstacle - even got pain from aunt's home. I had no supporting people in my surrounding. If I had someone I would not be spoiled.*
-ফাষ্টে থেকে আমাকে এক্সসেপ্ট করবে, বলছিল আমাকে মেনে নিবে। কিন্তু বিয়ের পর আর মানে নাই। তাই আমি নানুর বাসায় প্রথম দুই/এক বছর আম্মুর জন্য কান্না করতাম পরে আস্তে আস্তে ম্যানেজ করছি।	*'At first step- father was supposed to accept me. But after marriage he did not accept his paternity. I grew up crying for my mother for two years.* .
নানা, নানু সবাই সব সময় খোচা দিত তুই বাসা থেকে বের হয়ে যা তোকে আর কত পালব। এসব খোচা যখন সহ্য করতে পারতাম না দুঃখে বাসা থেকে বের হয়ে যেতাম। ফ্রেন্ডের বাসায় থাকতাম। তারপর দাদুর বাসায় চলে যেতাম। কে চায় এমন লাইফ। কে চাই ইন্সাল্টেড লাইয়ফ,আমিও চাই না	*'Grand parents always teased me and told me to go out of the house. How long we would rear you up. I got away from home avoiding these issues, It was untolaratable pain for me. I stayed in friend's house, then sometimes to grand father's house. Who wants such painful of life.*
আমি প্রেম করে বিয়ে করেছি। আমার জামাই সন্ত্রাসী	*'My husband was a terrorist. I had a brother,*

ছিল ।তখন আমার বয়স ১৫। ১৩ বছরে বিয়ে হয়েছে। মা বাবা কেউ না। বোন আছে দুইটা। আমি মানুষের বাসায় কাস করি। ভাবির ঘরে থাকি। একটা ভাই ছিল ওরা রেলের মাল রাত্রে আনা নেওয়া করত। পেন্ট-লঙ্গি পরে যাইতাম ওদের সাথে। ওরা কইল আমাগো লগে তো কিছুমাল আনা নেওয়া করলেইপারস। টাকা পয়সা পাইতি। আমি কাইলাম পুলিশে ধরব। ওরা কইল পুলিশ ধরলে আমরা ছারামু।	*who smuggled the goods of railway. I went there wearing pant tea-shirt. They said you can also join us and in this business. I said polish will arrest me they said we will release you'*
একসময় বুঝে গেলাম মেয়ে মানুষদের সাথে কোন রিলেশন নেই, কারণ তারা বিপদে পড়লে কিভাবে যেন সর্বকিছু কাছের বন্ধুদের উপর চাপিয়ে দেয়। যার জন্য করি চুরি, সেই বলে চোর। মেয়েদের এ জিনিসটা খুব বেশী। ইষা ভাবটা ওদের ভিতর প্রবল থাকে। তারপর আমি ঠিক করলাম মেয়ে মানুষের সাথে মিশা যাবে না।	*Once upon a time I understood that it is impossible to carry on relationship with female. The tendency of jealousy is more than that of mutuality. That's why I decided that it could not be possible to bear relationship with female friends.*
আম মেষে মানুষরা দেখবেন সহজে সিগারেটও খেতে চায় না যদি লাইফ থেকে বিতারিত না হয়। তাহলে এরকম করে না	*And female will never takes even a cigarette until she is not driven away from life*
২ বছর আমাদের রিলেশন ছিল। তাকে অনেকবার ছাড়ানোর চেষ্টা করেছি কিন্তু ঐ জায়গা থেকে বের হতে পারল না। প্রচন্ড পরিমানে যুক্ত হয়ে গেল। হেরোইন খেতো। আমি প্রথম হেরোইন খাই তার কাছ থেকে। যতই আমাকে না বলুক ধরে খাওয়ায় দিল আর কি।	*We were in a relationship for two weeks. I tried my best to refrain him from drug. But he was severely addicted to heroin. First time I took heroine, with him. Though once he did not want my addiction, he forced me to take it another day."*
আম্মু মারা যাবার পরই আমার ইয়াবার প্রতি এডাকশন চলে আসে। একা একা থাকতাম, এটা একটা টাইম পাস হচ্ছে, ইয়াবার কারনে আমার আড্ডার ভিতর ঢুকার একটা ইস্যু পাচ্ছি। বিনোদনের কারন হচ্ছে।	*After my mother's death I became addicted with yaba .I was left alone. I got a scope to enter a gossip through taking yaba. A source of pleasure was developed"*
আমরা সব সময় বোড়হাউজে খেতাম। এটা পতিতালয় না	*We always used to eat in a bore-house. It was not*

বলতে পারেন। ঢাকা শহরে কিছু ছোট ছোট বাসা আছে যেগুলো, ঘন্টাতে টাকা দিয়ে রেন্ট নেওয়া হয় কিছুৰনের জন্য। আপনি কিছু টাইম এখানে স্পেন্ট করবেন তার বিনিময়ে টাকা দেওয়া হয়, হোটেলের মত, টাইম স্পেন্ট এর পর আবার আপনি চলে আসবেন, ২ বার ওর সাথে গিয়েছি, আর বাকি টাইম আমার ঐ বান্ধবীকে বললাম দোস্ৰ কই খাওয়া য়ায়, আমরা সবগুলো ইয়াবা খোরই বসতাম ওখানে, ৮ জন, ১০ জন বসতাম। ডেইলী দেখা যাইত, সকালে বসতাম কখন মাগরিবের আযান দিয়ে দিয়েছে খেয়াল নাই।	*brothel. You can say. There are some small houses in Dhaka cities which can be rented on the basis of hourly rent. By giving rent of bore houses, you can stay there. You will spend some time; in return you will be given money. We, who were Yabba addict, spent time in that place. We were eight or ten in number. It was seen that we were unaware how the day passed and MagribAjan was called for."*
আমার বয়ফ্রেন্ড ছিল আমাকে পছন্দ করত কিন্তু তা ফিজিক্যাল রিলেশন এর জন্য। মেয়ে মানুষকে আপু কখন ড্রিংক করাবে? সে কি পায় আপনার কাছে? ওতো বলত তুই ভাল মেয়ে, তোকে ভাল লাগে, কিন্তু আমার কাছে মনে হয়, সবটাই অভিনয় ফেক।	*When my boyfriend made me drunk (alchohol), he called me attractive and good girl. After that I could realize that all were fake He used to me only for sex.*
এ্যালকোহল গাড়িতে গ্রহণযোগ্য না। তখন বলল চল আমার ফ্রেন্ড এর বাসায় গিয়ে খাই তাও বললাম না আমি খাব না। নেক্সট টাইম রিকুয়েষ্ট করল আমি খেলাম। আমি ড্রাংক জিনিসটা বঝি না। আমি ড্রাংক হয়ে যাবার পর আমি রেপ হই। আমার কোন সেন্সই ছিল না। তাহলে আমি কি তাকে রেপ বলতে পারি না। আমার এখনও মনে আছে আপু আমি কলেজ ড্রেস পড়া ছিলাম। আমি অসুস্থ হয়ে যাই বাসায় গিয়ে জিনিসটা বলিনি।এটা আমার জীবনে অনেক কষ্টের একটা বিষয়	*Alcohol is not permitted in transport. Then he said "let's go to my friend's house for taking alcohol. But I said "I don't take". Next time he requested me and I had taken. I couldn't understand that I was drunk. After being drunk I was raped. I had no sense. Still I can remember that I was wearing with college uniform. I became sick. I did not share it with anybody in my house. This is the painful matter in my life*
নিলাম কারন ডিপ্রেশন কাজ করছে। রিলেশন থেকে বের	*"I took because I felt depression; I took to*

হওয়ার জন্যে। আমার ৫ বছর ধওে রিলেশনসিপ। এর আগে অন্য কোন বয় ফ্রেন্ড ছিলো না। এই আমার ফাষ্ট বয় ফ্রেন্ড, তার সাথে ফিজিক্যালি আমার সব কিছু হয়। তো ওটাতে ধরেন যে আই লষ্ট মাই ভারজিনিটি। সো আমার তো এটা অবশই বড় একটা ব্যাপার ছিল। তো আমি মনে করেছিলাম আমার বিয়ে হবে। কিন্তু আমাকে না বিয়ে করে চলে যাওয়াতে পরে আমি ধরেন যে একচ্যুয়ালি আমি ড্রার্গস এ আসি।	*get away from my relationship.* *I started from pain. Say , People who are rejected, do the same. I had relationship for five years. I had no boyfriend before him. I did everything physically with him. So it was a big issue to me. I thought that my marriage would be with him. But he went away leaving me. That's why I came to drug completely*
আমি তো তাকে বয়ফ্রেন্ড হিসাবে নিয়েছিলাম দেখছি সে আমার সাথে যা করছে অন্য নতুন একজনের সাথে তাই করছে। তখন আমি অনেক বড় একটা ধাক্কা খাই। সেটাই আমার ফাষ্ট লাভ ছিল। সে কেন আমার সাথে এমন করল জানতে চাইলে সে বলে তোমার মত মেয়ে আমার লাইফে কত আসে যায়। তুমি কি করে ভাবলে আমি তোমাকে সিরিয়াসলি নিব। তার কাছ থেকে হার্ট হবার পর আমি গ্রুপ ছেরে চলে যাই। তার উপরের লেবেলের একটা গ্রুপে যোগ দেই। তখন মনে হইত আমি ড্রাগস নিলে সবকিছু থেকে দুরে থাকতে পারব	*I took him as a boy friend. I was shocked when I saw he took another lady like me. That was my first love. I asked him why he did so. He replied me "do you know how many girls come and go in my life like you. How can you imagine that I had taken you seriously? After being hurt I left the group. I joined with a higher level of group. I would thought that I forget everything if I took drug."*
এক নরক থেকে আরেক নরকে পড়ে থাকার কোন মানেই হয় না। ভুল একটা করতেই পারি। তাই বলে বলে সারা জীবন ভুল বয়ে বেড়াব। এগুলো ভুল ছিল ।	"*There is no meaning of falling into a hell from another hell. I can make a mistake once. It does not mean that I will carry forward the same mistake for my entire life. This idea was wrong."*
বি-কস ও আমার সাথে যখন চিট করতো বা আমার সাথে খারাপ ব্যবহার করতো তখন নিজই আমাকে বলাত্ " যাও তুমি ড্রার্গস নাও"।আর আমার তখন খারাপ লাগতো; ও	*Because he (boy friend) cheated me. He misbehaved with me. Then he influenced me and said-" go and take with drug". I was hurt with*

একটুও আমাকে কেয়ার কওে না যে ড্রার্গস নিতে বলে। এরপর ও আমাকে না বলে বিয়ে করে ফেলে। ও দিনকেও সে আমাকে বলে- " যাও কয়দিন তুমি ড্রার্গস নিয়ে থাকো"	*his attitude. How can he say me? He didn't care me a little bit and that why he said me to take drug. He got married without informing me. That day he said, "go and take with drug for some days".*
প্রথমত দেখতাম নিতাম না। আমার হাজবেন্ড ড্রাক এডিক্ট ছিলেন। ও ফেনসিডিল খাইত এবং সে আমাকে সাধত। তার সাথে প্রথম আমি ডিংক করি। ফেনসিডিল খাইনি তবে দেখতাম। আমার থেকে টাকাও নিত। টাকা না দিতে পারলে গালমন্দ করত। গায়ে হাতদিত। তো এভাবে প্রথম আমি দেখেছি। এবং ডিংক করেছি।	*He forcefully collected money from me. He returned bad language to me, If I fail to give money, he tortured me physically. At first I experienced in that ways, and became drunk finally''*
আমি টেনশন-এ থাকি। যদি আমি এটা ওভার কাম করতে পারি তাহলে হয়তো খাবো না। আর সে টেনশনটা কি ? বাচ্চাদেরকে কিভাবে বড় করবো। যদি আমার সবকিছু সহি সালামতে হয় তাহলে হয়তো আমি খাবও না।	*I feel tension. If I can overcome it, I would not take drug. What is your tension? How could I help to grow up my kids? If all of my matters were solved I may not have to take drugs."*
লং টাইম সেক্স করা যায়। আমি ইয়াবা খেয়ে সেক্স করেছি, আপ যা একটা স্বাভাবিক মানুষের দ্বারা সম্ভব না আপু। তখন সেক্সটা করতেও ভাল লাগে।	*"Sexual intercourse could be done for long duration by taking yaba. I have done sex which is not possible for a normal person*
ড্রার্গস টা নেয়ার আমার আর একটা কারন ছিলো। যৌনতা কমানোর জন্য। অনেকে বলে ইয়াবা খেলে ভালো সেক্স হয়। বাট আমার ইয়াবা টিয়াবা খেলে। আসলে এটা পুরোটাই মানসিক। আসলে ইয়াবা খেলে স্টেমিনা বাড়ে, সেক্স বাড়ে না, কমে। আর আমার যেহেতু হাজবেন্ড নাই। তাই আমি সেক্স কমানোর জন্য খেতাম এবং একাই খেতাম	*"Another reason was there for taking drug. It was for reducing my sexual demand.Many says that sexual satisfaction is enhanced after taking Yabba. But it is a myth. Basically it is psychological. Actually Yabba increase the stamina not sex. It decreases the power of sex. As I have no husband that's why I took for reducing*

	my sex demand.
ইয়াবা খাইয়া ড্রিংক করলে মিক্সার হইয়া পরে আবার ইকুয়াল হয়ে যায়। আমিত নরমালি থাকব। অ্যালকোহল সাপিস্নমেন্ট, ইয়াবা খেয়ে জাগবেন আর অ্যালকোহল খেয়ে ঘুমাবেন । এখন আমার কাছে মনে হলো ইকুয়াল হয়েই যাব, খেয়েই নিই। এই চিন্ৰা করে আবার আপা রিল্যাপস করলাম।	*I took two types of chemical (alchohol and yabba) for balancing the normal state of my body. My intention was that I would remain normal. Alcohol was one kind of supplement. Yabba help me to stimulate and alcohol help to sleep. These two chemicals made me balanc*
আরেকটা কারন ছিল ইয়াবা নেওয়ার। কারন ইয়াবা খুব সহজ লভ্য। একটা শ্রেনীর মানুষ থেকে এটা সব শ্রেনীর মানুষের কাছে ক্যারি করাটা সহজ। একসাথে ১০০টা ইয়াবা যদি রাখেন তবে ক্যারি করা ইজি। অ্যালকোহল কিন্তু ক্যারি করা ইজি না। বড় ব্যাগ বা বড় সপিং ব্যাগ ছাড়া আপনি ক্যারি করতে পারবেন না। পুলিশ সাজনদের চোখে পড়বে। রেড পাসপোর্ট ছাড়া পসিবলি না।	*Another important cause of taking yaba that it was small in size, if you keep 100 pieces of yaaba , you can easily carry it* *Alcohol is not easy to carry. You can't carry it without big shoping bag.it will be noticed by police; it won't possible without red passport.*
৫ জনের গ্রম্নপ ছিল সার্কেল। এদের মধ্যে একজন ছিল খুব সুন্দরী । ওকে দেখা গেল কেউ টিজ করছে। ও আমাকে নালিশ করত জানিস ছেলেটা আমাকে টিজ করছে। তো আমি বলতাম কি হয়েছে? সুন্দরের পূজারী হ তোর ত প্রাউট ফেল করার কথা। ভাল লাগার মত তাই বলছে। আরো দশটা মেয়েকে না দেখে তোকে বলছেতো। তখন ও বলল আমার খুব খারাপ লাগছে, তুই কিছু বলবি না? এই আমি যাইতাম গ্যাং নিয়ে। গিয়ে তখন দিয়ে আসতাম। পরে ধরতে পারলে তোর খারাপ আছে। মারামারিও করতাম।	*I had a group consists of five members. One lady was very beautiful among them. She was teased by someone. She shought me for help. The girl told that she felt very bad. She requested me to help her. I went with my gang and returned after beating*
আমি অনেক সময় চাইনা কোদাল দিয়ে মার খাইছি।আমি পিস্তল, চাকু মালামাল আনা	*I was injured many times.by china weapon, I brought weapons, carried pistol, I was hit*

নেয়য়া করতাম।	*many times.I was also beaten"*
মেডিটেশন করার পর। (মেডিটেশন টা কখন করলেন,) আমি করেছি ইয়াবা খাওয়ার পর। ইয়াবা খেয়ে মানুষ স্থির হয়ে যায়। তখন আর অস্থিরতা কাজ করেনা। নরমাটি আমি এক জায়গায় ১৫ ঘন্টা বসে থাকতে পারব না। ১৪ ঘন্টা বসে ছিলাম। ১ মিনিটের জন্য উঠি নাই। রাত থেকে শুরন্ন করে পরের দিন ২টা তিনটা অবধি বসে ছিলাম	*After meditation. (When did you do meditation). I did it after having yaba.having yaba people become relax. It works aginst unrest condition.normally I couldn't have sit one place continuously 15 hours but I sat 14 hours without any break even though for 1 minuite. I was sitting from night to 2 or 3 p.m. of the next afternoon.*
তারপর শুরন্ন হলো জ্বর আসা। আমি বললাম বাসায় যাব। এসে দেখি আব্বু আম্মু বাড়ি গেছে। আমারত মাথায় আকাশ ভেঙ্গে পড়ছে। আমি বের হলাম খুজেতে। আমি এর আগে কোনদিন ঢাকাশহরে খুজে বের করে খাই নি। আজকের দিন আমাকে থাকতে হবে। শশুরবাড়ি যাব কিভাবে। আমি রাস্ত্বায় বসে কাঁদতেছি।	*Then it started fever. I said to go home. Returning home I saw my parents went to village. It was a horrible situation for me. I went outside for searching my chemical.(heroine). I didn't take it by searching in Dhaka up till now. I had to stay today. I was crying to sit at the street and thougut that how can I went in to my inlaws house.*
আমি অন্ত্বত বাচতে পারতাম বেবি থাকলে। -----। আমার বেবির যখন ৪মাস তখন হাজবেন্ডকে বলছি। তার আগে বলি নাই ইচ্ছা করে।------। সত্যিই আমি চাইনি বেবিটা চলে যাক আমার কাছথেকে। ৫ মাস ছিল।বাবা টা। এখনো জানি না না, যে কি হইছিল ছেলে না মেয়ে। বলে নাই।	*At least I could live if I had a baby. When my fetus was of four months, I informed my husband. Intentionally I maintained the confidentiality. Really I didn't want to give up my baby from me. My child existed five month in my womb. Still I*

তখন হাজবেন্ড এমন ভাবে বুঝাইছিল আর তখন কোন উপায় ছিল না। তুমি কি চাও আমাদেও একটা এবনরমাল বাচ্চা হোক। এডিকটেড মা-বাবার বাচ্চা এবনরমাল হয় জানো। বাচ্চার মা হবার যোগই ছিলাম না। বাচ্চা নিয়ে আমি যখন ওরে খোটা দিতাম তখন ও বলত তুমি আমার বাচ্চাকে সিগারেট আর ইয়াবার ধোয়াই উরাই দিয়েছ, তুমি যদি সুস্থ্য বাচ্চা চাইতা কনসিভ করার পরেই তুমি এসব ছেড়ে দিতা। তোমার কোন দরদ নাই। ওটিতে ঢুকার আগ পর্যন্ত তুমি খাইছ। অনেক ভুল করছি জীবনে বাচ্চা নিজের কাস থেকে চলে গেলে কেমন লাগে তা আগে বুজিনি। মা ত হতে পারিনি, হইত আর হতেও পারব না।ভাল মা হলে আমি এমন করতাম না।আমি যোগ্যই ছিলাম না বাচ্চার মা হয়ার।সবচেয়ে বড় ভুল এইটাই। বেবি হারাইছি আমি। হয়তো ভবিষ্যতে আমি শাস্তি পাইতেই পারি। আমি বড় অন্নাই করেছি। একটা বেবি মেরে ফেলছি। আমি খুনি,পুরা হয়ে গিয়েছিল ৫ মাসে, ওকে প্রিথিবিতে আনতে পারিনি, ড্রাগে লুকাই রাখছি নিজেকে,ড্রাগস খোর আমি এসব ভুলে থাকতে পারি।	*don't know whether it was a son or a daughter. My husband convinced me in such a way that I had no scope to prevent my miscarriage. He said " do you want we bring an abnormal baby in the world?, don't you know the baby of an addict mother may be abnormal." I was disqualified to be a mother. When I argued with him, he blamed me that I spoiled the child by taking Yabba and cigarette. I made blunder. I killed my baby. I am a killer. It was bloomed completely. It was five month old. I was not able to bring it in the world. H e said to me that a yaba addict could never be the mother of my child*
রিহাবে চিন্তা করি আমি নিজেকে চান্স না দেই, ওকে দেই। আমার বাচ্চাকে একটা চান্স দেই। ওর আমার পেটে জন্ম নিয়ে ওর জীবনটা নষ্ট হয়ে গেছে। ভাল একটা জীবন দিতে পারি নাই ওকে।	*After rehabilition I think that though I missed the chance in my life. I can give a chance to my child at least. Its life become spoiled to born by my womb.i didn't give a better life to its. I wanted to give it's a good life.*
ভয়ে ওদেও সাথে আমি সবকিছু করতে পারতাম না। মানে প্রথমে যখন ড্রাগসটা করতাম বা ইয়ে করতাম তখন কিন্তু	*I didn't do everything in front of them due to fear. When I took drug I slept at late night. It also*

লেট নাইট ঘুমাইতাম ওইটার একটা প্রভাব পড়েছে ওরাও লেট নাইট ঘুমাতো আমি লেট নাইট বাসায় আসতাম। ওদেরকে অনেক সময় দেখা যাচ্ছে যে বাসায় আনতাম না। আম্মুর বাসায় রেখে গেছি। কারন ওই যে, আমি বললাম যে ওদেরকে হারানোর ভয়। ওদের থেকে দূরে থাকার জন্য আম্মুর বাসায় রাখতাম। এইগুলো তখন যদি না ভয় পেয়ে না ড্রাগস নিয়ে ওদেরকে সামলাতাম তাহলে গুড পেরেন্টিং হতো।	*influenced them as they slept at late night with me. I came home at late night. Many times I didn't bring them at late night. I kept them in my mom's house .I wanted to maintain distance from them as I had fear of losing my child (if the children could understand that their mother was addict, they might leave her*
বাচ্চাকে বুকে দুধ খাওয়ানো বন্ধ করে দেই। বাচ্চা যদি ঘুমায় এজন্য। এটা খাইলে ঘমের ফিলিংস হইত।	*"I stopped breast feeding of my baby in fear that it might feel him sleepy. When I took it, I felt sleepy."*
চিন্তা করলাম খাইয়া তো দেখলাম কিছুই পাইলাম না জীবনে সব জিরো। একটা মানুষ যদি ২৫-৩০ বছর মাদক খায় তার কিছুই আর থাকে না	*I got nothing, everything is zero in life. If one takes drug for 25 or 30 years in duration, nothing remained in favour of her*
আমার একটাই দু:খ ছিল। আমি প্রেম করে বিয়ে করলাম। আর আমার জামাই আরেকটা মেয়ে লগে গেল। আমি এইটা খাইতে খাইতে মইরা গেলেই খুশি।	*'I have an only one pain. I got married after involving affaire relationship. And my husband went away with another lady. I am happy ,if I pass away by taking drug'*
থাকার কোন বাস এসটেসন ছিল না আমার।আমার সাপরটিং মানুস ছিল না। যদি থাক্ত তবে আমি নস্ট হতাম না।	*' I had no supporting people surrounding me. If I had, I would not be damaged.''*
বাবুর্চি সিগারেট খাওয়া শিখাত। এবং সে বলত এখানে হাজার চিৎকার করলেও আর কেউ আসবে না। আমি একা রুমের মধ্যে। কোন মালিক নেই। আমি হসপিটালের রুমের মধ্যে আমি একা একজন। আমি হসপিটালের চিৎকার করলেও কেউ শুনবে না।।লাফ দিয়ে গায়ের উপর এসে দুই হাত	"The *cook taught me smoking. And he said no body would come even if she shouted repeatedly. I was alone. No owner was there. He said no body would hear me if I shouted again and again. I was alone in the room. No owner was there. I*

চেপে ধরছে। বুকের উপর ভার দিয়ে আমার উপর শুয়েছে। তারপর সে আমাকে কামড়ায়তেছে। এত ভয় পাচ্ছিলাম। একেত গায়ের জ্বর তার উপর খিচুনি আমার আর শক্তি নাই যে তাকে সরাব। আমি শ্বাস নিতে পারছিলাম না। আলস্নাহ আমি যদি বাবুর্চির হাতে রেপ হয় আমি সুইসাইড করব।	*was only one in the hospital. No body would hear me if I shouted …… he jumped on me catching my two hand. He lied on me with pressure over my chest. Then he champed me. I feared a lot. I was not able to resist him because of lack of energy. As I was suffering from fever. I could not able to breath. Alas! If I was raped by a cook, I should have commit suicide*
এরপর বাচ্চা হওয়ার আগ পর্যন্স্ত আমি শুধু সিগারেট খেতাম। সে কথায় কথায় মারত। এরপর বাচ্চা হবার পর একদিন দেখি আবার সে খাইল। আমি তাকে অনেক বুঝাইলাম। সে আমাকে একদিন বলে চলো দু'জনে মিলে ইয়ারা খাই। আমি তো খাইতাম আমার তো একটা ইচ্ছা হবেই। অত শক্ত তখনই হয় নাই। কেউ বুঝানোর মত ছিল না। আমি খাইতাম কিন্স্তু তার সাথে কখনো খাইনি। তারপর খাইলাম। আমাদের ভালো বাসাটা নষ্ট হয়ে গেল। কথায় কথায় ঝগড়া আর গায়ে হাত তোলা।ড্রাগস যখন নিতাম তখন হইত। তাছাড়া না। (যৌন সম্পরক)	*And then befor of my delivery I just used to smoke.he beat me without reason. After delivery, once I saw my husband to take drug again. I convinced him against drug a lot. But he offered me let's to go for taking drug together. As I was a users one day so craving of taking drug must be come in my mind because I hadn't stable yet. No body in there for conviencing me to prevent. I would take but never with him. Finally I had taken with him. Our love destroyed then. Chaos and physical torture were increasing day by day. When we took drug our sexual relation happened otherwise not.*
বিয়ের পরে অনেকে না কোন মেয়েই আসবে না। আর আমার বাপ মারতো মাথায় হয়তো বেশী বুদ্ধি নাই এজন্য আমাকে	*After marriage no women come there. May be my parents have knowledge gap, that's why they sent*

এখানে দিয়ে গেছে। কারন এখন যদি এটা লিকও হয় আমার জন্য এটা প্রোবলিমেটিক হয়ে যাবে কেমন আমার অ্যাজ ডিফোর্স চলতেছে। যদি লিক হয়ে যায় মা মাদকাসক্ত, তাহলে বাচ্চা কিন্তু থাকবে না এক নাম্বার।	*me there. If now it is disclosed it will be problematic for me. My divorce is going on. If it is disclosed that, the mother is drug addict, I cannot keep my children in my possession*
আমি আমার জীবনে কত জিনিস হারাইছি এই ড্রাগস এর জন্য। ফ্যামিলি আমাকে ট্রাষ্ট করছে না ড্রাগস এর জন্য, ফিরে যাবার পর, বোনরা যে বিষয়গুলো এমনি এমনি বলত, আরও বেশি আমার তা সহ্য করতে হবে। আমি কিন্তু ওদের চোখে ড্রাগ ইউজার. যদি বলি বাবু এটা করনা, এটা ভাল না। তারা বলবে তুই এত কথা বলতে আসিছ নাতো তুই নিজেওত একদিন নেশা করছিস। ভাবী যখন কোন কথা বলবে, তুমি এত কথাবল কেন, তুমি ভাল ছিলা নাকি। তোমারে আমরা রাইখা আসছি রিহারের ভিতরে। আসছে জ্ঞান দিতে।	*I have lost a lot in my life for this drug. Family doesn't trust me due to this drug. After going back home, I will have to tolerate unnecessary voice of sisters which will be enhanced. If I say "babu, don't do this, it is not well, they will reply "don't come to advice me, please, you also used to take drug one day" as I am a drug user in their view. When brothers wife would say something it may be - ''why do you talk so much? Were you ok earlier? We have sent you and kept you in the rehabilitationcentre, now you come to provide us knowledge.*"
(আব্বু কি করলে স্লিপ করতেন না।) আব্বু যদি আমাকে একটু বুঝত। এট লিস্ট আমার সিদ্ধান্ত গুলোকে রেসপেক্ট করত। আমিও তাকে রেসপেক্ট করতাম। সেখান থেকে আব্বু সরে গিয়েছে ।সে জায়গাটা রাখিনি।। ঘৃনা থেকে ভালবাসা আসছে। ড্রাগে এসে তারপর আমি ঠিক করছি এটা নিয়েই বেঁচে থাকবো। আর কিছু দরকার নেই। এটাই আমার অবলম্ব । ঘৃনার অপর নাম ভালবাসা। ঘৃনা কার প্রতি ছিল। আব্বুর প্রতি। আব্বুর প্রতি ঘৃনাবোধ থেকে ড্রাগ ভালবাসা।	"*(What type of attitude need from your father to prevent your slip?) If my father understood me, at least respected my decision, I would also respect him. Father has broken off from this place. He didn't hold this space. Love comes from hatred. After coming in touch with drug, I have decided to live with it. It is my only support. I feel that hate is the other phase of love. I love drug out of my hate for my father.*

বিয়া হয়ার পর মাদকের প্রতি তিক আসছে। সামির কাছে আদর পাইছি, সুংসার পাইছি, -বিয়ার পর থেকে।আমার সামিও রিকভারি, আমিও রিকভারিই। সুখ নিজেরা খুজে নিয়েছি, -স্বামী পাইছি, সংসার পাইছি কামাই পাইতাছি।বাসস্থানটি খুব জরন্নরী। স্বামীর সাথে সম্পর্ক খুব ভাল যাচ্ছে।	*Hatred aroused towards drug in my mind after marriage. I got affection and domestic life from my husband in my marital life. I became drug free and my husband also became drug free. We ourselves have found happiness. I got husband, domestic life and finance. It is necessary to get a shelter for human life. The intimate relationship with my husband is going on well."*
আমার সবচেয়ে বড় ট্রিটমেন্ট কি ছিল জানেন, আমি জানি আমার হাজবেন্ড ঠিক হয়ে গেলে আমি ঠিক হয়ে যাব। আগে তো নিতাম না। আমি একটু ঘুরতে যেতে চাইতাম যেত না। গাড়ির তেলের টাকা আমি দিলেও সে যেত না। আমি যেখানেই যাই তেল আমার।	*Do you know what my best treatment was? I know I will be well and good if my husband become well. I did not used to take drug earlier. I used to visit some place, but he did not want. He did not go even If I paid fuel price of the car. I had to bear the expenses of fuel wherever I went.*

Appendix-E: Certificate of Ethical Approval

চিকিৎসা মনোবিজ্ঞান বিভাগ
ঢাকা বিশ্ববিদ্যালয়
কলা ভবন (৫ম তলা)
ঢাকা-১০০০, বাংলাদেশ

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Certificate of Ethical Approval

Project Number : **MP160809**

Project Title : **Psycho-social factors related to drug abuse among female drug users**

Investigators : **Mukta Jahan Banu** and **Mohammad Mahmudur Rahman**

Approval Period : **1 August 2016** to **30 July 2018**

Terms of Approval

1. Any changes made to the details submitted for ethical approval should be notified and sought approval by the investigator(s) to the Department of Clinical Psychology Ethics Committee before incorporating the change.
2. The investigator(s) should inform the committee immediately in case of occurrence of any adverse unexpected events that hampers wellbeing of the participants or affect the ethical acceptability of the research.
3. The research project is subject to monitoring or audit by the Department of Clinical Psychology Ethics Committee.
4. The committee can cancel approval if ethical conduction of the research is found to be compromised.
5. If the research cannot be completed within the approved period, the investigator must submit application for an extension.
6. The investigator must submit a research completion report.

21-07-2016

Chairperson
Ethics Committee
Department of Clinical Psychology
University of Dhaka