The Prevailing Sexual Activities in Substance-Use in Egyptian Culture, Using Focus Group Technique

Ibrahim A. Ismail, Ahmed S. Hafez***

Abstract:

With the aim of gathering good amount of in-depth information about sexual attitudes and behaviors prevailing among substance users in order to use them in prevention of STDs, a focus group was carried out in a Substance Use Treatment Center in a governmental mental hospital in Cairo, Egypt. A group of 14 male substance users living in Greater Cairo, age range is 21 to 45 years and who had been admitted to the hospital for detoxification and or rehabilitation. A trained moderator introduced the group to the main idea of the meeting and presented them with the guidelines. Two trained note-takers were writing what was going on in the meeting in details. Descriptive themes identified in this study depict the prevailing sexual activities embodied in the experience of the substance using culture in Egypt. The themes were: definite relation was present between substance use and sexual activities, especially among married persons. b) They engaged into unsafe sex, and c) there was no health surveillance measures considered. The findings highlighted the urgent need for health education for the substance users as well as their need to be enrolled in a health surveillance system for early detection and proper management of any emerged infection among these patients and/or their relatives.

Introduction

There are many socio-cultural and economic factors that predispose adolescents in developing countries to the risk of acquiring STDs, including HIV/AIDS. The increasing prevalence of substance use, which impairs judgment and decision making added an important risk factor leading to more exposure to sexually transmitted diseases (STDs), including HIV/AIDS ***(Mohamud, A. 1993).*** Substance use-related infectious diseases are frequently associated with injection drug use. However, the sources of microorganisms that cause infectious illnesses include the environment, other substance users, and the addicted person's lifestyle ***(Crane, 1991, Karan, Haller & Schnoll, 1991)***. It is estimated that 68 to 80 percent of substance users engage in needle sharing ***(Crane, 1991)***. Sharing injection equipment is sometimes attributed to friendship bonds among users. They may share needles (and the small amounts of blood left in them by previous users) as a bonding ritual. However, anonymous users often share needles and other equipment, as well. Hence, Bloodborne pathogens are easily transmitted from one injection drug user to another through shared equipment.

Lifestyle factors contributing to infectious diseases among substance users include crowded and unhealthy living conditions and unsafe sexual activities. Airborne diseases, such as tuberculosis, can be transmitted from infected to non-infected persons in poorly ventilated living environments. Unprotected sex is a common route of transmission of bloodborne pathogens such as HIV, hepatitis, and other (STDs). Malnutrition, tobacco use, and dental neglect, while not the direct cause of infectious disease transmission, often contribute to susceptibility to and severity of infections.

Similarly, the effect of alcohol and other drugs on the body's immune system may increase the likelihood that, once an infectious organism enters the body, illness will develop ***(Crane, 1991).*** A recent study from Colombia University's National Center on Addiction and Substance Abuse reported that teens who use drugs and drink alcohol are much more likely to have sex, engage in it at an earlier ages (as early as middle school) and practice high-risk sexual behaviors, such as having multiple partners (***Kaiser Daily Reproductive Health Report 1999***).

In Egypt, it has been known that there is substance use problem (including the injectable substances) ***(Ismail , Ibrahim A. et al. 1998, MOH's Preliminary Report 1996, Souief, M. 1991, and Souief, M. et al 1991)***. Furthermore, there are numerous reports about increased prevalence of STDs in the Egyptian population ***(Lenton C. 1997, Hassan Ma F. et al 1993, Mourad A. et al. 1992)***. Further more, in his focus group study, ***El- Akabawy S. (1999)*** reported that there are risky sexual behaviors among substance users in Egypt. However, most reports, as well as results of serosurveys conducted from April 1986 to March 1990 among high risk groups as well as low risk groups revealed that the prevalence of HIV infection is virtually very low to non-existent ***(El-Sayed NM.. 1996, Watts DM 1993, Hassan MA., et al. 1994).*** What factors then, are responsible for keeping the prevalence of HIV so low, at least in Egypt, given the presence of its acknowledged risk factors, namely the drug abuse and STDs?

In my study entitled "the prevalence of substance use, abuse, and dependence in Abou-Khalifa, Ismailia, Egypt" ***(Ismail, Ibrahim, A., et al. 1998)***, the immediate impact of distributing a standardized questionnaire which have some questions probing the relationship of sexual behaviors and substance use was met with a very strong objection which forced us to cancel these questions. This reaction most probably was due to the conservative attitude of the household Egyptian population. Hence, we planned to cover this sensitive area through another type methodology, namely "Focus Group Technique"; by targeting the substance users seeking help at one of our governmental mental hospitals.

For the purpose of the present study, the investigators define the substance use as the use of any psychoactive substance at a level that creates problems in one or more areas of functioning for the person and requires intervention. The term used here will cover the terms of "abuse" and "dependence" ***(CSAT, 1993).*** Sexual activities for a substance user are defined as any sexual behavior between the substance user and other/s, or self practiced behavior such as masturbation. The other/s may be of the same sex or other sex, it may be a child or an adult of different age, and it may be an animal. Pornographic shows or pictures are also included.

Purpose Of the Research

The primary goal of this focus group discussion was to discover opinions, beliefs, and attitudes about sexual practices prevailing among substance users in Egypt. Our target population was a group of substance users admitted to Abbasia Mental Hospital for detoxification and/or rehabilitation, as an example of populations at high risk that may be vulnerable to HIV and STDs infections. This is important in terms of different levels of prevention of both STDs and substance using behavior.

Our specific objectives were:

1.To explore the possible relation between substance use and sexual behaviors among substance users.

2.To determine what sexual practices are prevailing among substance users in Egypt.

3.To investigate the health knowledge and practices related to both behaviors studied.

Method

To delineate opinions, beliefs, attitudes and practices prevailing among substance using culture as regard to their different sexual activities, the investigator used a qualitative design, namely "Focus Group Technique". Focus groups were excellent tools to understanding attitudes and beliefs that are developed within a social context ***(Ramirez & Shepperd, 1988)***, especially those related to sensitive subjects; as the case in our study -in which we faced great difficulties in our house hold survey, as we mentioned before-.

Their was a preliminary preparatory phase one month prior running the group; in which we took the consent from persons in-charge of the hospital and the department and patients. We sat with the patients 3 times for preparation over a period of 2 weeks length before conducting the group.

The moderator (the first investigator of the study), and two note-takers, one of them is the second investigator, while the other is the head nurse) of the Substance Use Treatment Center at Al-Abbasia Mental Hospital sat with a volunteer sample of 14 of substance users who had been admitted for detoxification and/or behavioral modification. The patients expressed their willingness to participate (verbal consent) and these patients were free from any of the withdrawal manifestations at the time of conducting the study.

Patients who participated in the study were between 21 and 45 years of age, and they were all males, of different educational levels (57% can read and write' level). Three of them were unemployed from the start, five were skilled and six were unskilled laborers; however, they all were unemployed for at least one year; at the time of the study. Almost all participants lived in Greater Cairo, five of them were married, two were divorced and the remainders were singles. The singles all lived with their families.

The guidelines for the discussion were:

Among substance using culture in Egypt:-

1. What is the relation between sex and substance use initiation?

2.Does this relation differ according to type of the drug?

3.The state of sexual desire and potency in relation to substance use.

4.Common sexual practices

5.Pre-marital, marital and extramarital relations

6.Fantasy during sex

7.Sex positions preferred

8.Wearing condoms during sex

9.The partner's using status

10.Group sex and/or multiple partners.

11.Homosexuality12.Substance relapse due to sexual reasons.

13.Antecedents (pre-sexual preparation) and relation to type of drug.

14.Special issues related to female substance users.

The meetings were held shortly after short introduction to the aim of the discussion and time needed to achieve it. We held two sessions on 2 successive days (one per day, which lasted for 90 minutes each). The discussion was conducted in Arabic, and, as patients did not agree for tape-recording, detailed notes were taken by two trained note-takers. After each session was completed, notes were reconstructed and transcribed using a word processor. The transcript of the focus groups were content analyzed, where the textual material is reviewed for words, phrases, descriptors and terms central to the phenomenon being studied ***(Woods and Catanzaro, 1988)***. An attention was paid to the process of translation from Arabic to English (double way translation), so that the concepts are not changed as a result of this translation.

The discussion started by asking the group to comment on a statement saying "most people use drugs in order to do good sex". Emphasis was put on expressing opinions and believes rather than personal experiences. Also there were no judgmental comments from the members of the group and any opinion expressed by one of them is welcomed. Silent members were motivated to participate in the discussions.

Findings

Data analysis yielded three main themes that described the participants opinions and knowledge about the prevailing sexual activities among substance using culture. The themes were:

i) There is definite relation between substance use and sexual activities, especially among married persons.

ii) The engagement into unsafe sex,

iii) No health surveillance measures were considered by the substance users as regard fear from catching infection.

Definite Relation

When the patients were asked to comment on "most people use drugs in order to do good sex", they said that this is true. They mentioned that majority of married substance users started using the substance either to enhance and increase sexual desire, potency, fantasy and/or satisfy the partner. However, sexual experiences, which were usually expressed as child play as early as 7 to 10 years of age, antedate substance experimentation. Adolescents may start masturbation before they try heterosexual relation

The following quotes illustrate this perspective:

"The addicts are the most sexually potent persons. I think the proportion of addicts that start for increase both sex desire and potency is 100% of them did so"; another patient said " no, I think it differed according to marital status, it might reach 40% for married, but only 6% for unmarried. Kids started sexual plays when they are 7 or 8 years old, doing masturbation, or incomplete sexual relations when they go through adolescence, on an earlier age than their first time use for the substance. The married people, 45 years old and above usually use drugs to increase sexual potency " The first patient was single, while the second was married.

This is the case in the early stages of use; but once the person developed dependence, this is no longer correct, as they used drug in this stage to get high or to avoid substance withdrawal. However, some experienced and married substance users can adjust the time of sexual intercourse to the last dose, so that

they can achieve satisfactory sex while they were using large amounts of their substance.

"As regard for period of increased potency, it lasted 1 month then impotence occurs, it may last longer up to 3 years. After the initial period (period of increased potency), the addict became more interested to get high by using the substance more than sexual effect. Even in large dose, the next day morning, there is powerful erection that is good enough to satisfy the partner. Even when I wish to perform sex in the night while I was on large dose I took the last dose in the noontime.

Specific sexual effects may be sought by using specific psychoactive substance, either to increase the desire, potency, duration and/or other desired effects during the sexual setting.

"Heroin is the best which result in prolonged, very fine and powerful sex. The injection forms results in powerful sex than other routes. When somebody needs a prolonged period of romantic, decent preparation (hashish), increase the erection power, and add the sense of omnipotence (alcohol), delayed ejaculation (anafranil, bronchioles, opium, hashish)"... "Heroin relation is far dominating the sexual relation. The partner who seeks sex does not like the heroin type of addiction as it erases the addict interest in sex. The most appropriate mind altering substances that are used for its sexual effects are anxiolytic drugs, small piece of opium daily, anafranil, or bango. The max has prolonged effect but has the problem of developing insomnia different sexual positions, oral and/or anal sex are common sexual preferences among addicts seeking sex, especially in extramarital relationships"

The knowledge and attitude are different in case of adolescents substance users and in rural versus urban areas,"they mainly take the drug to get high, but some take them to become more daring to initiate romantic relation with the girls, as they originally lacking self confidence. In rural areas, they rarely started for either experimenting drugs, or engaging in complete sexual intercourse before marriage, contrary to big cities such as Cairo. Adolescents in rural areas may do sex with animals, however this has no relations with drug use. They mentioned that in terms of drugs of sexual effect is the stamp, then the pure max, then heroin. Bango in general induces sexual excitement in both sexes by about 70%.

In the course of using a substance for a sexual purpose; impotence is likely to develop after sometime, the sex desire might be lessened and the patient might try to self-control this by viewing pornographic films, start extramarital relation or even masturbate un-erected. To overcome impotence or premature ejaculation, the ex-user may relapse to use substance.

"Drug addicts who become impotent may try sex shows to be sexually stimulated, start extramarital relation or he may masturbate un-erected as a sex outlet, as he lacks confidence in himself to make erected sex with his wife or with another partner. Many ex-addicts returned to use their drugs as a self medication to the emerged weak erection or rapid ejaculation"

Female substance users, do exist, however, the magnitude of the problem in terms of total numbers of females or the severity of addiction is far lower than their male counterparts ***(Ismail , Ibrahim et al. 1998, MOH's Preliminary Report 1996, Souief, M. 1991, and Souief, M. et al 1991)***. Drug preference is also different in case of female substance users. The relation between substance use and sexual issues may be

stronger in case of females compared to males, as a deduction from the following quotes:

"There is minority of females who use drugs compared to males. They are usually young, unmarried either university students or prostitutes. About 4% of university students are using drugs. Their drugs of preferences are bango, abou-saliba (rohypnol), rivotril, alcohol and the stamp. Minority of them uses heroin. They usually practice incomplete sex with their partners, which is male if available or female (lesbian), or they may masturbate. The female addict might seek a male friend for addiction, but seek, non addict friend for sex."... " One important single determinant in keeping use of certain drug is the sexual satisfaction of the female partner. The wife may bring the drug for her husband to keep him with her in the home. The wife of drug addict may initiate sexual relation with other addicts (cheating) by her own in order to have sex. The addicted husband may force her to have sex with others to get money for the drug".

Unsafe Sex

No one of the group raised the issue of the importance of wearing the condom as a protective measure against transmission of the infection from him to his extramarital partner or vice versa. Furthermore, as they assume that their wives make no extramarital relation, so that there is no need for using the condom with them, also.

All persons mentioned, no substance user uses condoms on practicing sex, because he does not pay any attention for that. The same is true in case of female substance user, however, some mentioned it may be used with his wife when menses is their. On the other hand, some female addicts seeking sex may give the partner condom.

The following quotes illustrates this perspective:

" I think no one here have used condom before sexual intercourse. Am I right or wrong? All persons agree. Generally, addicts do not care about using condoms or any safe measure either before doing sex or using drugs. Some addicts in their marital intercourse only use using condom for contraceptive purposes, or during menses. very few persons wear condoms in the extramarital relations, and that happened when the partner is of low hygienic level, such as coming from low socioeconomic class or one looks dirty"... "In group sex, no one wear condoms in these occasions, nor the female partners concerned by this issues. Addicts in such sexual setting usually try to apply what they saw in sexual films. Usually addicts participating in group sex have multiple partners"

Homosexuality is not common and may be triggered by substance use. Incest or pedophilia is rare.

"In male addicts homosexuality is present but in small proportion and usually unprocessed. There is some places attended by homosexuals in general. Drug use might facilitate its appearance. Furthermore, the passive homosexual might buy the drug for his partner in order to have sex with him, especially in bars, where the attendants are almost males. Heavy alcohol use facilitates incest."

Health Surveillance

There was nobody of the group who neither performed serological testing for $, gonorrhea, HIV, hepatitis as they did not know its health importance, nor being informed from medical staff that they might come in contact or that they might be positive for one of such diseases. Only one of

them recalled yellowish thick urinary discharge several years ago and stopped after receiving a course of antibiotic medication, however, the patient did not recall that the physician had talked to him about the nature of the disease.

As regards substance using culture, they did not know what do we mean by STDs. and on giving examples, they mentioned that only few cases of gonorrhea, syphilis and hepatitis, however there is no HIV cases among substance users in Egypt. They commented that AIDS is only present in foreign countries, especially Europe and America.

The group agreed that there is nobody in the substance using culture in Egypt who cares about regular screen for the possible infection of one of STDs, nor, one of their fixed or changeable sex partners did so.

Discussion and Recommendations

Substance users are highly attuned to the omnipresent stigma that is a major source of distress in their lives, especially when another immoral association namely the illegal sexual behaviors were added. In such issues the classical methods of data collection are -most probably- not suitable. Focus group technique as a type of qualitative research methods is highly recommended in such circumstances ***(Ramirez & Shepperd, 1988)***.

Descriptive themes identified in this study depict the prevailing sexual activities embodied in the experience of the substance using culture in Egypt. The findings add important information from a middle eastern country to the growing understanding of the risky lifestyle of the substance users all over the world.

The first theme is the presence of an association between substance use and the prevailing sexual practices among substance users. There are several false assumptions concerning this association which came out of the discussion. First: the substance users are the more sexually potent males. In the same direction is that the heroin type of use and the IV route of administration have the same character compared to others. Second: hashish has the effect of prolongation of the sexual intercourse. Third: to overcome impotence or premature ejaculation, the ex-user usually self medicate himself through relapse to substance use. Fourth: there is no HIV or AIDS's cases in Egypt; they only present in western countries, so there is no need for wearing condoms even in extramarital sex. Fifth: the substance users's wives are conservative and they do not make any extramarital relationship so that they are not candidates for STDs transmission. These false beliefs need to be corrected.

The second theme was related to practicing unsafe sex. They did extramarital sex while they were under the effect of substance. They did not wear condoms during intercourse, even in-group sex. Homosexuality was present, though in minority of substance users. Of course the life style of these individuals is far below the health standards because of the substance use. All their daytime is consumed by looking for the substance, administering it, going through its effect or suffering from its withdrawal. As part of harm reduction for these patients and for the society as a whole, health education is mandatory to guard against STDs's transmission. Health care professionals need to appreciate more fully the misery and unhealthy living of these individuals and the potential risk for the society.

The third theme precisely pointed out to this need. Being responsive to these issues, health care professionals have to become more sensitive to the patient's needs of health education and more importantly to enroll these patients in a health surveillance system for early detection and proper management of any of STDs. Relevant to this, confidentiality and anonymity should be of major concerns. For example, care should be taken to avoid signage-labeling clinics as HIV or STDs clinics. Furthermore self-awareness should be part of the health care professional's repertoire (Ingram, Deborah et al. 1999).

Although this research adds important knowledge about prevailing sexual practices among substance using culture in Egypt, yet we cant not generalize these findings into all substance user populations in Egypt. Similar work should be carried out upon different population characteristics such as, adolescents, rural residents, female substance users, and users in criminal justice systems.

References:

Crane, L.R. (1991): Epidemiology of infections in interavenous drug abusers. In D.P. Levine & J.D. Sobel (Eds). Infections in intravenous drug abusers. New York: Oxford University Press.

Center for Substance Abuse Treatment CSAT (1993): Screening and assessment of alcohol and other drug-abusing adolescents. TIP (3), Rockwell II, 5600 Fishers Lane, Rockville, MD 20857

El-Sayed NM. (1996): Seroprevalence Survey of Egyptian tourism workers for hepatitis B virus, hepatitis C virus, human immunodeficiency virus, and treponema pallidum infections: association of hepatitis C virus infections with specific regions of Egypt., *American of Tropical Medicine & Hygiene. 55(2): 179-84, Aug.*

El-Akabawy S. (1999): Focus group for a group of drug addicts exploring patterns of substance use and sexual behaviors. (Personal communication, unpublished study)

Hasan MA. Elgohary N. Abdelghaffar S. Farag A. (1993): A two years study of HIV, HBV & syphilis in pregnant women in Egypt, a paper presented at the Int Conf AIDS. 9(2):750: June 6-11

Hasan MA. Farag AB. And Mickai DA., (1994): AIDS & sexual behavior of garbage collectors in Egypt. A paper presented at the Int Conf AIDS. 10(2): 242, Aug 7-12.

Ismail, Ibrahim, A., Hafez, Ahmed S. and Hasan Magdy (1998):Prevalence of drug use, abuse, and dependence in AbouKalifa, Ismailia, Egypt, *The Egyptian Journal of Community Medicine Vol. 16, No.1*

Ingram, Deborah, & Hutchinson, R.N. (1999): HIV-positive mothers and stigma, *Health Care for Women International, 20:93-103.*

Karan, L.D., Haller, L.D., & Schnoll, S.H. (1991): Cocaine. In R.J. Frances & S.I. Miller (Eds), Clinical textbook of addictive disorders. New York: The Guilford Press.

Lenton C. (1997): Cairo- Will Egypt escape the AIDS epidemic, *Lancet, 349(9057): 1005, 1997 Apr 5.*

Mourad A. Mostafa S. Watts D. (1992): Low prevalence of HIV infection in Egyptian nationals. A paper presented at the Int Conf AIDS. 8(3): 177, Jul 19-24

Mohamud, Asha (1993): Adolescent reproductive health and fertility in Sub-Saharan Africa, the Middle East and North Africa, and South Asia: A background

paper. The Center for Population Options, 1025 Vermont Avenu, N.W. Suite 210, Washington, D.C. 20005 USA.

MOH's Preliminary Report (1996): The National Research for Addiction (use, abuse, dependence and addiction), MOH, A.R.E., Pp 34-44

Ramirez A., & Shepperd, J. (1988): The use of focus groups in health research. *Scandinavian Journal of Primary Health Care, (Suppl. 1), 81-90.*

Souief, M. (1991): The use of psychoactive substances among Egyptians working in the manufacturing industries. *The National Social Journal of The National Center for Social and Criminological Research, Cairo, Egypt. Pp 14-41*

Souief, M. , Mahmoud, M., Al-Sabwah, N., Khalifa, A. and Abd-Allah, M. (1991): The use of psychoactive substances among Egyptian secondary school students. The National Center for Social and Criminological Research, Cairo, Egypt. Pp 3-9.

The Kaiser Family Foundation (1999): Dangerous liaisons: Substance abuse and sex *Kaiser Daily Reproductive Health Report, Wednesday, December, 8, 1999).*

Woods N., and Catanzaro, M. (1988): Nursing research: Theory and practice. St. Louis, MO: C.V. Mosby.

Watts DM. (1993): Prevalence of HIV infection and AIDS in Egypt over four years of surveillance (1986-1990), *J Tropical Medicine & Hygiene, 96(2): 113-7, April.*

Authors:

Ibrahim A. Ismail
Department of Psychiatry
Faculty of Medicine
Al-Azhar University

Ahmed S. Hafez
Department of Community Medicine
Faculty of Medicine
Al-Azhar University

Address of Correspondence

Ibrahim A. Ismail
Department of Psychiatry
Faculty of Medicine
Al-Azhar University

التعرف علي السلوكيات الجنسية المنتشرة بين متعاطي العقاقير في مصر
باستخدام آلية الحلقة النقاشية

بهدف جمع معلومات وآراء ومعتقدات عن السلوكيات الجنسية المنتشرة بين متعاطي العقاقير المصريين، تم عقد جلستي نقاش باستخدام آلية المجموعة البؤرية وذلك بمقابلة أربعة عشرة مريضا محجوزين للعلاج من تعاطى العقاقير بمركز علاج التعاطي بمستشفى العباسية للصحة النفسية بالقاهرة، وقد أدار النقاش الباحث الأول وهو مدرب علي إدارة المجموعات البؤرية، حيث ابتدأ بوضع الهدف من النقاش والوقت اللازم لإنجاز ذلك بين يدي المجموعة. ولقد قام مدونان مدربان بتدوين تفصيلي لما دار في كل جلسة، ثم تم تفريغ ما تم كتابته بعد تحليله وترتيبه بواسطة الحاسب الآلي .

ولقد أشارت النتائج إلى أفكار أساسية ثلاث والتي وصفت الممارسات الجنسية الشائعة في مجتمع المتعاطين بمصر من خلال ما استقر في أذهان المجموعة المبحوثة من خبرات ومعلومات عن أقرانهم. والأفكار الأساسية هي: ا) أنه يوجد ارتباط بين الممارسات الجنسية وبين تعاطي العقاقير،

ب)هذه الممارسات الجنسية تتسم بالخطورة وذلك لعدم أخذ الاحتياطات الصحية الواقية من احتماليـــة انتقال الأمراض الجنسية، ج) متعاطو العقاقير المشار إليهم لا ينخرطون في برنامج للمتابعة الصحية.

ومن هنا فإن النتائج تؤكد الحاجة الملحة للتثقيف الصحي لهؤلاء المرضي وذويهم، كما تؤكـــد علـــي ضرورة انخراط هؤلاء المرضي في برامج متابعة صحية بهدف تحجيم الخطر عن طريق الاكتشـــاف المبكر للإصابة بالأمراض الجنسية ومن ثم إعطائها العلاج المناسب.