

Stages of Change and Sexual Satisfaction in Users of Psychoactive Substances in a Health Centre of the Metropolitan District of Quito-Ecuador

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Abstract

This research sought to determine the stages of change of Prochaska and DiClemente and the levels of sexual satisfaction (SS) in which people who consume psychoactive substances of the Intensive Outpatient Service (UPS) of a health center in the Metropolitan District of Quito are. Taking into account that the stages of change are the temporary phases through which individuals consuming psychoactive substances go through in their rehabilitation and that Sexual Satisfaction generates feelings, emotions, sensations, which are displaced from the sexual act and the affective closeness within the couple relationship. The objective of the present study is how the variables in this population are related; the methodology is of a quantitative approach, non-experimental cross-sectional design; In a population of 160 men, in the ages between 20 and 40 years, two scales were applied to determine depending on the variables and a socio-demographic record. The main results are: the population's sexual satisfaction average is relatively high (61.25 on a basis of 100), just as a higher average was obtained at the stage of change of contemplation (53.75 on a basis of 100), among others results. As conclusions, the need for psychological intervention in the area of sexuality in substance users is raised, as well as allowing significant leaps to the next stages of change as it is believed that it will help in an appropriate way in their commitment and conviction of change.

Keywords: *Stages of Change; Sexual Satisfaction; Sexuality; Psychoactive Substance Use; Intensive Outpatient Programme (Iop)*

Introduction

The stages of change constitute a fragment of a theoretical proposal of Prochaska and DiClemente in 1984, these stages of change are defined as different temporal phases grouped to the motivation and perseverance to the behavioral change of a subject [1]. Research carried out on the stages and processes of change in subjects who consume psychoactive substances shows that the therapeutic intervention aims to focus on increasing internal attribution and the ability to decide on their addictive behavior and to be able to carry out alternative behaviors [2].

While sexual health is an issue that is often not given due importance, as Álvarez-Gayou, Honold and Millán [3] point out that even from educational programs, health professionals and even public policies, they devalue the importance of sexual health in the individual, thus reflecting problems related to their sexuality. Mexico shows in its research on the sexual life of people that 65.79% of women state that they have experienced an orgasm; never or at most half of the time and 40.9% of men present premature ejaculation, which is why 50% of the population has some type of sexual problem thanks to the difficulty in examining the problem, little or no compression of health professionals due to deficiencies in their professional training in both attitudes and knowledge about sexuality and little experience [3].

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Sexual satisfaction is important as part of the development of human sexual health, Ortiz and Ortiz (as cited in Carmen and Coronado [4]) define it as being able to satisfy a passion and fulfill an erotic desire, by feeling loved or by calming a feeling and emotion. It is the evaluation and perception that a subject performs about their sexual life, thus Moral (as cited in Carmen and Coronado [4]) mentions that they are the repetitions of sexual encounters, the way the couple communicates, satisfaction of their needs, type of sexual action carried out, liking their relationship and meeting expectations.

This is how in the USA, an investigation found that less than 25% of the adult population between 18 and 64 years old describe their sexual life as very satisfactory, while 57% suffer from some sexual dysfunction [5]. In turn, in Latin America the figures are similar, since, in Chile, 22% of women between the age of 40 registered some sexual dysfunction, these figures increase by 66.6% in women of 60 years [6], while in Ecuador 60.7% of women investigated in a gynecology service mentioned having sexual dysfunction and 41% dissatisfaction with their sex life [7].

Similarly, the problematic use of psychoactive substances, international research shows alarming results in recent years; This is how annually 3.3 million people die worldwide from alcohol consumption, which corresponds to 5.9% of all deaths [8]. In addition, 25% of deaths from problematic alcohol consumption correspond to the age group of 20 to 39 years [8].

With respect to other drugs, it was found that 31 million people consume drugs and that they present different pathologies derived from the use of these, which is why it is harmful to humans, to the point of needing treatment [9].

As in Ecuador, the statistics are just as alarming as the international figures, since, in 2006, 8,000 people died due to the harmful consumption of psychoactive substances (Ecuavisa, 2018). In turn, in the year 2017, from January to May, the Ministry of Public Health provided care to 8,554 people for problems related to drug use [10].

Thus, the authorities of the Ministry of Public Health have progressively implemented the Intensive Outpatient Service (SAI) in various health units, which provides individual, group, occupational and family psychotherapy treatments to patients who present problematic consumption of psychoactive substances [11]. Said treatment is carried out in an almost daily or daily treatment cycle.

Pulamarín [12] mentions that between January and February of the year 2019, 466 psychological treatments were obtained for problems related to the consumption of psychoactive substances within the Health Center SAI, thus evidencing a high demand for the Service due to said consumption, At the same time, the absence of research in people who are in the young adulthood stage who have problems in the consumption of psychoactive substances in intensive outpatient treatment is worrisome, since most of the research is carried out on adolescents or people who are in residential treatment.

Method

Design

The focus of this research was quantitative, descriptive-associative, non-experimental and cross-sectional.

Participants.

The non-probability sampling type of convenience was used. Regarding the sample size, this was initially made up of 180 people who attended the UPS of the Chimbacalle Health Center between August and September, of which, by applying the inclusion criteria (Age range between 20 to 40 years old, consumers of psychoactive substances who go to the Intensive Outpatient Service of the Chimbacalle Health Center Diagnosis according to the International Classification of Diseases (ICD10) of: F10-F19: Mental and behavioral disorders due to

the consumption of psychotropic drugs. Voluntary and conscious participation to collaborate in the investigation, after having signed the informed consent) and exclusion criteria (At the time of gathering the information, being under the effect of some psychoactive substance and/or drug. Diagnosis according to the International Classification of Diseases (ICD10) from: F10-F19: Mental and behavioral disorders due to the consumption of psychotropics, In the presence of comorbidity with other psychopathologies such as: Depressive Disorders, Psychotic Disorders, etc.), we finally worked with a sample of 160 people.

Process

The instruments used in this research are self-applied in nature, which were taken in spaces established by the Health Center itself, such as in group therapy, where patients come with a frequency of one day a week, using a period of 30 minutes to ensure an appropriate explanation and application of items, in addition, a period of time was used within the individual psychological consultations to collect the information. The information gathering process was ordered and was developed based on the fulfillment of the inclusion and exclusion criteria, once they had signed and accepted to participate in the research through informed consent.

Instruments

Socioeconomic survey

The survey was made up of eight questions, which had the purpose of generating data that contribute to the development of the research.

Change assessment scale, university of Rhode Island (URICA)

Vallejos, Orbegoso and Capa [13] mention that the Change Assessment Scale of the University of Rhode Island-URICA was developed by James O. Prochaska and Carlo DiClemente, which aims to assess the degree of attitude, disposition or intention in relation to change. This scale has 32 items, which measure four stages of change: pre contemplation (1, 5, 11, 13, 23, 26, 29, 31), contemplation (2, 4, 8, 12, 15, 19, 21, 24), action (3, 7, 10, 14, 17, 20, 25, 30) and maintenance (6, 9, 16, 18, 22, 27, 28, 32). The scale has been studied by Peruvian researchers in order to test its reliability and validity, where an approved reliability was obtained, for having achieved it through the Alpha Cronbach ($r = .81$) and its construct validity was verified with the Exploratory Factor Analysis technique, finding effective evidence that corroborates the existence of the four Stages of Change.

Sexual satisfaction inventory

The Inventory of sexual satisfaction was developed by Dr. Juan Luis Álvarez-Gayou-Jurgenson., *et al.* From the Mexican Institute of Sexology, in 2006, which consists of 29 items, with a Likert-type scale, with a qualitative and quantitative cut. and five response options, ranging from: Always = 5, most of the time = 4, sometimes yes and another no = 3, few times = 2, never = 1. The objective of the inventory is to assess sexual satisfaction in men and women within levels: very high (145 - 127), high (126 - 117), medium (116 - 103) and low (102 - 0), and categories: affective (1, 2, 3, 4, 5, 6, 7, 8), well-being (9, 10, 11, 12, 13), eroticism (14, 15, 16, 17, 18, 19), respect and responsibility (20, 21, 22), sensory stimuli (23, 24, 25, 26) and communication (27, 28, 29). According to Álvarez-Gayou., *et al.* [3] the validity was developed by means of factor analysis of the inventory of the 29 items, by means of the procedure of main devices of the gross factors, where 6 factors were obtained, accounting for 58.279% of the total variance. And the reliability value when applying the Cronbach's Alpha test was $\alpha = 0.9231$, which reveals a very high stability.

Analysis of data

For data analysis, the Statistical Package for the Social Sciences (SPSS) version 25, 2017 data processing program was used. In order to adequately describe and indicate the degree of association between the variables studied, statistical frequency tests were used. and percentages, and Chi square test.

Results

According to the results obtained in the sociodemographic profile of the participants (Table 1), of the 160 men surveyed, the majority (57.5%) are between 20 and 29 years old. The majority (35.6%) of the respondents had reached Basic General Education. The highest percentage of the people surveyed (64.4%) were single. More than half of the respondents had a medium socioeconomic level (51.9%). In relation to the most frequently consumed substance, a little more than half (50.6%) consumed Cocaine base. The highest percentage of respondents (40.6) had a frequency of consumption of between 5 and 7 times per week. More than half of the respondents (54.4%) attended treatment for less than a month.

Characteristics		Total	
		N	%
Age group	20 to 29 years	92	57,5
	30 to 40 years	68	42,5
Level of instruction	General education Basic	57	35,6
	Baccalaureate	47	29,4
	Superior	56	35
Marital status	Single	103	64,4
	Married	12	7,5
	Free Union	28	17,5
	Separated	8	5
	Divorced	8	5
	Widower	1	0,6
Socioeconomic level	Low	24	15
	Medium-low	41	25,6
	Means, medium	83	51,9
	Medium-high	12	7,5
Substance with higher frequency of consumption	Marijuana	29	18,1
	Cocaine base	81	50,6
	Heroin	2	1,3
	Other	5	3,1
Frequency of consumption	1 to 2 times per week	39	24,4
	3 to 4 times per week	44	27,5
	5 to 7 times per week	65	40,6
	Other	12	7,5
Duration of treatment	Less than 1 month	87	54,4
	1 to 3 months	27	16,9
	3 to 6 months	18	11,3
	6 to 9 months	5	3,1
	9 months to 1 year	9	5,6
	More than 1 year	14	8,8

Table 1: Socioeconomic profile of respondents.
Prepared by: Paredes, Boda and Ortiz (2020).

It is observed in the crossing of variables (Table 2) that the surveyed people who were in the contemplation stage are those who score the highest in each of the ranges of sexual satisfaction.

Stages of change		Sexual Satisfaction				
		Low	Medium	high	Very high	Total
Precontemplation	Subjects	2	2	2	6	12
	Percentage	1,25%	1,25%	1,25%	3,75%	7,5%
Contemplation	Subjects	20	18	28	20	86
	Percentage	12,5%	11,25%	17,50%	12,5%	53,75
Action	Subjects	8	10	22	12	52
	Percentage	5%	6,25%	13,75%	7,5%	32,5%
Maintenance	Subjects	0	2	2	6	10
	Percentage	0%	1,25%	1,25%	3,75%	6,25%
Total	Subjects	30	32	54	44	160
	Percentage	18,75%	20%	33,75%	27,5%	100%

Table 2: Cross table: Stages of change and sexual satisfaction.

Prepared by: Paredes, Boada and Ortiz (2020).

In turn, it is observed in the application of chi square tests (Table 3) that the value of asymptotic significance is greater than 0.05, with a value of 0.1; which means that there is no statistically significant association between stages of change and sexual satisfaction.

Chi square tests			
	Value	df	Asymptotic meaning (bilateral)
Chi-square of Pearson	13,013 ^a	9	,162
Reason for verisimilitude	13,738	9	,132
Linear by linear association	1,547	1	,214
N of valid cases	160		

Table 3: Chi square test application.

Note: a. 8 cells (50.0%) have expected a count less than 5. The minimum expected count is 1.88.

Discussion

Regarding the stages of change, the present investigation showed that 53.8% of the sample is in the contemplation stage, this percentage differs with the results obtained in the study carried out by Vargas [14] in a residential therapeutic community, where 85% of the population was in the contemplation stage. In the same way, the results of the present investigation differ with the results obtained in the study carried out in a Spanish residential therapeutic community by Pérez del Río [15], where, after six months of treatment, 51.7% of the sample was in action stage, being the only stage that had increased in percentage over time in said population.

Regarding the variable sexual satisfaction, 33.8% of high satisfaction was obtained from the study population and 18.8% had low satisfaction as a lower percentage; therefore, the present results are similar to those reported by Ortiz [16], where he obtained in his research carried out on students between the ages of 18 to 44, that 11% have low sexual satisfaction and 63 as the second highest percentage were found 20% with high sexual satisfaction; while Carmen and Coronado [4] in their research on university students in Peru, obtained in

their population that 27.7% have high sexual satisfaction and the lowest percentage in 23.9% with very high satisfaction and medium satisfaction. It is worth mentioning that no investigations were found in people who consumed psychoactive substances. On the other hand, Pérez del Rio [15], refers an increase in percentage, premature ejaculation, which affects 10.41% of men during the consumption period and comes to occur in 45.83% of men when leaving the substance, giving as evidence why the self-perception of sexual satisfaction can be found in the figures mentioned in our research.

Similar results were obtained in the research carried out by Santos [2] on the stages of change in people consuming opiates, where it is mentioned that between 60 and 70% of the individuals who go to treatment are in the contemplation stage, results Similar were found in people who used cocaine. Likewise, it is mentioned that the work carried out with alcoholics shows that around 50% of said population is in the contemplation stage, likewise, in smokers results between 30% and 40% are obtained in the contemplation stage.

Therefore, the risk of the problem is considered. Diez [17] studied a sample of 106 men and 10 women addicted to different substances. At the start of treatment, the U.C.A. psychologist evaluated the stage of motivation to change, while the change processes were evaluated using the Inventory of Change Processes (IPC) of A. Tejero and J. Trujols, 1993, a situation that was not achieved due to the nature of the program and the study same [18-29].

Conclusion

Regarding the levels of sexual satisfaction, it was evidenced that there is a greater frequency of people consuming psychoactive substances with high levels of sexual satisfaction, which means that these people feel comfortable in their way of living their sexuality, within the affective, well-being, eroticism, respect, responsibility, sensory stimuli and communication. The effects on more or less that psychoactive substances can give and that may be biased are not analyzed in this section, it is the subject of future research studies. However, Pérez del Rio [15] reports that many people who use psychoactive substances such as aphrodisiacs, allowing a dichotomy between the subjectivity of positive perception of the effects of this toxic on sexual function, and therefore may or may not be a reality, if it is due to psychotropic effects or the construction of sexual reality itself.

In relation to the Prochaska and DiClemente stages of change, the results showed that most of the people participating in the research are in the contemplation stage, which means that despite having identified a substance use problem psychoactive, they have not yet been able to establish concrete and adaptive actions in favor of their recovery. It is necessary to understand that the subjects of our population are people who are in an outpatient treatment, which differentiates the pre-contemplation phase categorically from the people who are in residential treatment. It is important to consider sexuality in this population and possibly work before and after treatment, which will surely give us new conclusions.

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