

## The confrontation of the stigma experienced by women / mothers who use crack\*

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The study aimed to know how women who use crack cocaine experience their maternity and face the stigmas established by society. A participant observation was carried out with five women, semi-structured interviews and field diary construction, cultural categories and data treated from Geertz's Interpretativism. It was noticed how much the participants face difficulties to raise their children, mainly because of the prejudice that they suffer, how difficult is to deal with maternity and the use of crack at the same time. These women suffer from social exclusion and marginalization, often resulting in difficulties in accessing health services.

Descriptors: Crack Cocaine; Women; Child; Mother-Child Relations; Social Stigma.

\* Paper extracted from Master's Thesis "A visão da mulher usuária de cocaína crack sobre a experiência da maternidade: vivência entre mãe e filho", presented to Universidade Federal de Pelotas, Pelotas, RS, Brazil. This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Finance Code 001.

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## O enfrentamento do estigma vivido por mulheres/mães usuárias de crack

O estudo objetivou conhecer como mulheres usuárias de crack vivenciam a maternidade e enfrentam os estigmas estabelecidos pela sociedade. Realizou-se observação participante com cinco mulheres, entrevistas semi-estruturadas e construção de diário de campo, elencadas categorias culturais e os dados tratados a partir do Interpretativismo de Geertz. Percebemos o quanto as participantes enfrentam dificuldades para criar seus filhos, principalmente pelo preconceito que sofrem, o quanto foi difícil lidar com a maternidade e o uso de crack ao mesmo tempo. Estas mulheres sofrem com a exclusão social e a marginalização, muitas vezes resultando em dificuldades no acesso aos serviços de saúde.

Descritores: Cocaína Crack; Mulheres; Criança; Relações Mãe-Filho; Estigma Social.

## La confrontación del estigma vivido por mujeres/madres consumidoras de crack

El objetivo del estudio fue conocer cómo las mujeres consumidoras de crack confrontan los estigmas de la maternidad establecidas por la sociedad. Hemos llevado a cabo la observación participante con cinco mujeres, por medio de entrevistas semiestructuradas, y un diario. Las categorías culturales mencionados y los datos transformados a siguieron la base de interpretativismo de Geertz. Nos dimos cuenta de lo mucho que los participantes están luchando para criar a sus hijos, sobre todo por el sufrimiento con lo prejuicio, de lo difícil que fue la experiencia de la maternidad con el consumo de crack. Estas mujeres sufren de exclusión social y la marginación, a menudo resulta en dificultades para acceder a los servicios de salud.

Descriptores: Cocaína Crack; Mujeres; Niño; Relaciones Madre-Hijo; Estigma Social.

### Introduction

The abusive use of crack among women has been increasing in recent times, as well as the number of hospitalizations of these users. The treatment demand, previously, prevailed among men, however, this difference is falling more and more, regardless of social class<sup>(1)</sup>.

Pregnant women and crack users experience feelings of insecurity, concern and responsibility, just like any other woman in the same situation, the difference is because they are drug users, they also experience feelings of guilt, helplessness and embarrassment, because they do not fit into the situation of "good

mother". Despite these situations, little is thought about the subjective dimensions of a pregnancy permeated by a vulnerable social context and abusive drug use<sup>(2)</sup>.

It is important to deepen the studies on the knowledge of the repercussions of the use of crack in pregnancy, to understand this relationship and the experience of women drug users in their social context, in order to approach all the faces of this abusive use, contemplating the psychological, cultural, physiological and social aspects.

The care provided to a pregnant drug user is more complex and requires special preparation from the team of professionals who provide care. These should be

prepared and able to deal with the psychological and social characteristics of these women.

Prejudice, discrimination and racism are identified as main barriers for users to request treatment, when they are pregnant, the prejudice is even greater, which increases the difficulty of access to health care and decreases the number of pre-follow up<sup>(3)</sup>.

Currently, some of the published studies have focused on the damage that the substance can cause the woman and the fetus, failing to address the subjective dimension that surrounds the experience of motherhood and not considering the stigmas they face daily to lead a life alongside the family, without being labeled, ignored and judged<sup>(2)</sup>.

The woman who uses psychoactive substances finds opposite feelings in the maternity issue, some report the denial of this process and others end up seeing this process as an opportunity for change in their lives, to see motherhood as a new chance or a starting point for a change of life<sup>(4)</sup>.

Following the line of thought of this investigation, we have as a general objective: to know how the woman who used crack cocaine who experienced motherhood faces the stigmas already established by society.

## Method

The present study is qualitative in nature and was developed between May and August 2014, based on participant observation, the construction of a field journal and semi-structured interviews, as part of the master's thesis entitled: The vision of the woman user of crack on the experience of motherhood: experience between mother and child.

The study was conducted in the city of Pelotas, RS, in five neighborhoods of the peripheral zone of the city. The sites were not chosen from any pre-established criteria, and these families were already accompanied by the extension project of the Faculty of Nursing of the Federal University of Pelotas, entitled "Promotion of health in the territory: follow up of children daughters of alcohol users, crack and other drugs", of which the author is a member since 2013.

Data were collected through participant observation, directly with the families of the study, through the insertion in the territory and construction of field journal, where everything that was considered relevant to the research was described. The place of study was the residence of each family and the places where they are inserted in the society, being these squares, health services, community groups or houses of friends and relatives.

The participants were five women who had used crack during pregnancy and who agreed to participate in the study through the signing of the Informed Consent Form (TCLE).

Women were identified by flower names and children by names of princesses and superheroes, the choice of each participant, other family members had their names replaced by fictitious names, thus preserving their identities.

The project was sent to Plataforma Brasil and had the approval of the Ethics and Research Committee of the Faculty of Nursing of the Federal University of Pelotas in April 2014, under the opinion 643,166. The ethical principles considered for the elaboration of this study comply with Resolution 466/2012 of the National Health Council of the Ministry of Health on Research with Human Beings<sup>(5)</sup>, all participants' rights being preserved according to the resolution.

The analysis of the data was carried out from the Interpretative, or Cultural Interpretive Theory, written by Clifford Geertz<sup>(6)</sup> and was given to the end of the field work. An analysis of the data is nothing more than second and third-hand interpretations, because the first interpreter is the subjects themselves and the researcher ends up doing the interpretation of an already existing interpretation.

In order to reach the results, an interpretation was made of everything that was observed and recorded in the field journal during the whole field insertion, in addition to the analysis of the semistructured interviews performed during the data collection.

After a detailed reading of the field journal and transcripts of the interviews, a single cultural category, called "Maternity Experience", was divided into three other subcategories: pregnancy / planning / abortion / mother and child relationship, whether or not the partner / participant is a caregiver (the child's grandmother) and the relationship between the mother and the mother, and the attempt to deal with stigma, the latter being described in this article.

## Results

During the reading of transcripts and field journals it was noticed that many of the women reported that being a mother and at the same time a drug user was a situation that they were aware of being wrong but that they also saw themselves as different from many others women in the same situation, because they tried to break the stigma imposed by them and society, showing that they looked after the examples given to their children and tried to make the use of drugs not interfere in this

relationship. *Because I'm an example so I try not to pass on to my children.* (Dahlia); *Because I never lacked food, I never let it go.* (Daisy); *But he always points out that he never fails to buy some food for his daughter to spend on stone.* (Field Journal 06/13/2014, Iris).

These three excerpts, the first being removed from the interviews and the third a fragment of the field journal, show how much these women also care about the image of themselves that pass to the children, saying not to want to set a bad example. In other lines they have never mentioned using the substance in front of their children, especially the larger ones, who already understood the situation.

According to information from the field journals and the observations, the participants show us some examples in which these women try to pass to society, at the moment represented by the researcher herself, who, no matter how "high" they were, would never leave, lacking food for the children, because they knew that this was an assignment of them and that therefore they could not fail.

One can see in the following testimonies how these women face an invisible barrier that serves as protection for themselves, always trying to represent that despite the situation they find themselves as drug users, they try to show that they can fulfill their duties of mother and thus to face the stigma present in the society of which all the user of drugs is violent and without perspectives of life. *And I got the money (from the boss), but I never got anything from him, I never got anything, did not I? Everything that was from there was from there ... We never stole, we never did anything, never, neither I nor him (partner), if we ever prostituted ourselves.* (Daisy); *He said he never stole, that works in several houses of the revolution and never took what was not hers because of crack.* (Field Journal, 13/08/144, Iris).

The testimonies of the participants of this research, as well as what was observed during the months of data collection, show that some of them have managed to reduce and even stop using crack for fear of losing custody of their children, looking for strategies to avoid drug use does not stay on top of the care and love of children and family. *I slowed down because I had an x-ray of the lung and said that I had too much of my lung, imagine how the child was not. The doctor spoke and I panicked, I said, no, you have to stop, because you have to stop and I could not stop everything.* (Dahlia).

Dalia's statement shows a sense of protection with her unborn child and at the same time feels guilty for being in some way exposing the child or the fetus to an environment considered by them to be inappropriate, assuming the risks that this may entail. Through this protection attempts are created. *Stop it, I've stopped! I've stopped and I do not want to, I do not want to, this time*

*it's really serious ... So now I say no, I will not stop with my daughter, in my neighbor, taking chimarrão, to pick up and drive me crazy on a rock .* (Chrysanthemum); *I'm going to have my house again, God willing, I'm doing everything right, because I do not want it anymore, I do not want it for myself, I know it's not worth it and it does not do any good. It only hurts.* (Daisy); *She always tells her to never leave her daughter, even when she is under the influence of the drug, then yes she is close, hugs, is worried and does not go around.* (Field Journal, 08/13/2014, Iris).

These fragments of interviews and the field journal show precisely this attempt to face stigma by women who use crack cocaine, as both Chrysanthemum, Margarida and Iris affirm their determination, even knowing the difficulties of maintaining abstinence, to stop using and live with their children away from drug use, which they recognize as something that does not do well, wishing other times alongside families and friends. *I diminish, because in this case I smoked before becoming pregnant, day and night on the basis of one hundred, one hundred and fifty reais, depending on the day, sometimes even more, when I got pregnant I started to smoke a little less, to try not to harm so much.* (Night's Lady).

The five participants acknowledge the harm they might be causing their children to use during pregnancy, but along with this feeling of guilt, the fact that they quit using it altogether is also a very great difficulty they face. But in these reports, when they recognized the possibilities of harm to their children, they reduced the consumption of the substance, in order to reduce these damages, because to remain completely abstinent, for some of them, it was not possible.

This experience of motherhood can be transformative in the lives of some women, including women who use drugs, since gestation can positively influence some attitudes, among them, a significant reduction in the pattern of use and sometimes even a total interruption of consumption, as a consequence of the new situation in which this woman is. *Yeah, I felt guilty, I felt everything bad, I felt a depression. She never saw me use it, only it was that thing, when it seems that one more reason is missing for you to want to stop using [...] Only we would do things like this and then stay in regret, you understand? In the pregnancy I used it, the addiction talked louder, but at night I put my head on the pillow and thought about it, I wanted to have another child to stop and look what I do with this poor innocent [...] so much is that I was scared and worried that I went to the hospital and I said [...] The social worker, came to talk to me then I took it and said, I thought I'll talk now and if the child is born with any problem they will know of what it is and then they will treat.* (Daisy); *I was too scared to lose Cinderella, if I lost her I would not be*

*here telling this story, I'd be on the street, because she's my safe haven. (Chrysanthemum).*

One important factor reported by Margarida and Chrysanthemum is the constant fear and doubt of women who use drugs, which is the revelation or not of health services. *So for me it was wonderful, we see them born, you feel pain, it's a horrible pain, but after you take it and put it on your lap and see that it's a little piece of people that is yours, that came out of you, it's very exciting. And when I caught her, she seemed to recognize my voice, put her aside like this, then I said, ah, she's the face of her father, and she turned, it seemed that she understood me, I blessed her and said, you are very happy, that the mother will give you all the luck in the world, help you and take care of you, then I took it and there I was very moved. (Chrysanthemum).*

Shame and fear are common feelings among drug users and this was no different during this research, as participants admitted at various times that they know how drug use and users are discriminated against and stigmatized by society and consequently excluded and marginalized.

Society in general focuses only on the issue of substance and consumption, blaming users and reinforcing the prejudice they suffer and making them feel forgotten not only by society, but by friends, family and even health services.

It can be seen from the experiences reported by these women, how strong is the feeling of discrimination suffered by women who use drugs and more when they are pregnant or mothers. Being constantly stigmatized by society, they leave them on the sidelines, considering them to be crazy, sick and irresponsible people, because they do not fit into what is normally imposed and expected.

## Discussion

Another factor that contributes to the exclusion and stigma of these users is the services that provide care to them and face great difficulties in providing these care, as they also end up suffering great prejudice by working for people who are entitled as dangerous and sick, many sometimes hampering the support and partnership made by society or the public authorities with these services<sup>(7)</sup>.

When we discuss about women users of crack, the stigma about them is even more relevant, because they are seen by society as responsible for the whole family, through the idea of being the main caretakers, so when they use some substance, they are no longer seen as respected women and are automatically viewed as promiscuous and irresponsible for their actions<sup>(8)</sup>.

Due to the use of crack cocaine, many women are labeled by society as irresponsible, criminal, unfit for family and end up living only in illegality and marginality, corroborating the misguided view that society expects from women, thus increasing more and more the stigma and prejudice suffered daily by drug users<sup>(9)</sup>.

There are not only one or two types of stigmata, there are several and one of them is the stigma that refers to guilt of individual character, which transpires the idea of weakness of the individual himself and that for this reason are inferred precisely in reports of arrest and illness mental<sup>(10)</sup>.

Many crack-users who experience the experience of motherhood also face another stigma which is society's view that a woman who uses crack would not be able to care and care about her children and that she would never be able to love, raise and educate their children<sup>(4)</sup>.

It is observed that some users of crack can maintain their work and the use of the substance in a controlled way, placing the use at certain times of the day so that their routine does not change with this consumption<sup>(11)</sup>.

Individuals who consume some kind of substance, sometimes position themselves as victims of the situation and substance and consequently the exercise of motherhood, experienced by these women, ends up constituting themselves as suffering, impacting heavily on their lives and their role as mothers<sup>(4)</sup>.

Some pregnant women end up searching late or even not looking for health services, because they believe they need to be only in abstinence to receive care, due to the discrimination that often occurs on the part of professionals when they know about the use of psychoactive substances<sup>(12)</sup>.

On the other hand, Daisy and Chrysanthemum faced this stigma, despite knowing the prejudice to which they could be subject, they did it for the care and health of their daughter. This recognition of the mother's consumption of the substance for health professionals is extremely important because it helps prevent future complications at the time of delivery.

Women users of crack have feelings of guilt when discovering gestation, reporting unsuccessful attempts to stop the substance. This consumption causes women who experience maternity to develop feelings of guilt, since they know, most of the time, that their actions can cause harm to the fetus. They are divided into two scenarios, such as the possibility of generating a child within them and the question of whether or not to assume the responsibility of this new being to be unborn<sup>(2)</sup>.

In the gestational period, some women report a desire to reduce or stop crack use, with gestation as an opportunity to change their routines and way of life<sup>(4)</sup>.

This contact between mother and child from the outset is of paramount importance to stimulate positive change in the mother's life, this explains the importance of the relationship between the mother and her child, which provides a sense of security to the child and favors the growth of affection<sup>(13)</sup>.

Thinking of all the prejudice that a person who deviates from the rule passes, that is, as individuals who do not follow the order or do not allow themselves to be controlled in the way that society desires, not allowing themselves to be tame as society imposes, we reexamined the concepts of stigmata and also the concept of social identity.

Thus, one must think about the various aspects of a person who is stigmatized by some deviant behavior, highlighting how these individuals are denied by society, precisely because they are outside the required social order, because they do not fit into established patterns and do not belong to the groups considered as "standards"<sup>(10)</sup>.

Stigma can lead a person to suffering and pain, even to a manipulation of their identity, because prejudice leads them to be ashamed of their condition and the stigma they end up carrying, many individuals end up changing their behavior to escape the stigma they the society places them, thus using adaptive techniques, trying to reduce stigma and prejudice so that they can be accepted and thus facilitate their coexistence with others<sup>(10)</sup>.

Social support is extremely important so that not only the woman who uses drugs, but so that all users can break the stigma that leaves them in a minority situation, because often what the users seek is exactly the restructuring of the relationships, until even for coping with use.

Health services and the entire social support network should be paramount in the attention to drug users and should be focused on integral and humanized care, as well as on the creation of links with the user, facilitating and guaranteeing access and permanence in the service and especially ensuring the reception at all times that the person needs care, even in times of crisis<sup>(2)</sup>.

Cultural and social determinants directly influence these processes, the socio-cultural environment in which these women are included exerts a strong power in their experiences, relationships and experiences.

Culture permeates all relationships and for this reason must always be considered, therefore the importance of withdrawing the look only of substance and thinking more about the person behind the drug and its context of life, trying to reduce the stigma and the prejudices that distance them from being heard and respected by society.

## Conclusion

Women who use drugs, especially when they consume crack and are still pregnant or are already mothers, are continually disrespected, stigmatized and seen as people who are not able to take care of themselves and much less of a child, since the eyes of society always it falls on the substance and hardly the user and its socio-cultural context are taken into account.

This research shows how the participants face difficulties to raise their children and how the context of these women's life is permeated by several factors that are directly interconnected in this process.

It is necessary to invest in more spaces that can be producers of care, as well as in the training of professionals who can see the user within its totality and its specificities, especially in the case of these women, who carry a great deal of prejudice and stigma due to the fact that they try to experience motherhood along with the use of drugs.

The experience of the motherhood of these women users of crack can be experienced and experienced as well as in any other woman who does not make this use, because feelings such as longings, worries, insecurity and anguishes can be experienced by all pregnant women and not just by drug users.

On the other hand, women who use drugs, in addition to these inherent feelings of the feminine condition, still have to face the prejudice and stigma of society, which they feel are incapable of playing the role of mother, often suffering from social exclusion, as well as weakening relationships which they have established. These women must face the stigmas that are placed and live their experiences without yearnings and exclusion.

## References

1. Kassada DS, Marcon SS, Waidman MAP. Percepções e práticas de gestantes atendidas na atenção primária frente ao uso de drogas. *Esc. Anna Nery*. 2014;18(3):428-434.
2. Wronski JL, Pavelski T, Guimarães NA, Zanotelli SS, Schneider JF, Bonilha ALL. Uso do crack na gestação: vivências de mulheres usuárias. *Rev enferm UFPE on line.*, Recife, 2016 abr;10(4):1231-9.
3. Renner FW, Gottfried JA, Welter KC. Repercussões neonatais do uso materno de crack. *Bol. Cient. Ped.* 2012;1(2):63-66.
4. Souza MRR. Repercussões do envolvimento com drogas para a saúde de mulheres atendidas em um CAPS AD de Salvador – BA [dissertação]. Salvador (BA): Universidade Federal da Bahia; 2013. 123 p.

5. Ministério da Saúde (BR). Resolução n.466, de 12 de dezembro de 2012. Aprovam diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União. 2013 jun. 12; Seção 1. p. 59.
6. Geertz CJ. Uma descrição densa: Por uma Teoria Interpretativa da Cultura. In: Geertz CJ, editor. The interpretation of cultures. 1 ed., 13 reimpr. Rio de Janeiro (RJ): LTC Editora; 2008. p. 3-24.
7. Passos EH, Souza TP. Redução de danos e saúde pública: construções alternativas à política global de “guerra às drogas”. *Psicol. Soc.* 2011;23(1):154-162.
8. Medeiros KT, Maciel SC, Sousa PF, Vieira GLS. Vivências e representações sobre o crack: um estudo com mulheres usuárias. *Psico-USF.* 2015;20(3):517-528.
9. Cruz VD, Oliveira MM, Coimbra VCC, Kantorski LP, Pinho LB, Oliveira JF. Vivências de mulheres que consomem crack. *Rev. Rene.* 2014;5(4):639-649.
10. Goffman E. Estigma – Notas sobre a manipulação da identidade deteriorada. Tradução: Mathias Lambert. 4 ed. Rio de Janeiro (RJ): Editora LTC; 2004. 124 p.
11. Raup LM, Adorno RCF. Jovens em situação de rua e usos de crack: um estudo etnográfico em duas cidades. *Rev. Bras. Adolesc. Conf.* 2011;(4):52-67.
12. Botelho APM, Rocha RC, Melo VH. Uso e dependência de cocaína/crack na gestação, parto e puerpério. *Femina.* 2013;4(1):23-32.
13. Oliveira MM, Kantorski LP, Coimbra VCC, Ferreira RZ, Ferreira GB, Cruz VD. Consequências relacionadas ao consumo de crack entre mulheres e motivações para o abandono da droga. *SMAD.* 2014;10(3):119-125.