

WOMEN LIVING IN A DRUG (AND VIOLENCE) CONTEXT - THE MATERNAL ROLE¹

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Although the drug problem is more present among men, women are an increasing group and a vulnerable subgroup, since many of them are involved in motherhood. In this paper, the partial results of an ethnographic study on maternal role-related perceptions, beliefs and attitudes are presented, as well as the context in which women with small children and are undergoing or underwent treatment for alcohol or drug addiction live. Mothers undergoing treatment participated in interviews about their maternal role and how it developed in a family context marked by violence, affective experiences and drug use.

DESCRIPTORS: *substance-related disorders; maternal behavior; violence*

MUJERES VIVIENDO EN EL CONTEXTO DE DROGAS (Y VIOLENCIA) – EL PAPEL MATERNAL

A pesar de que el problema de las drogas está más presente entre hombres, las mujeres constituyen un grupo creciente y un subgrupo vulnerable, ya que muchas entre ellas están involucradas con la maternidad. La finalidad de este trabajo es presentar los resultados parciales de un estudio etnográfico sobre las percepciones, creencias y actitudes respecto al papel maternal en el contexto de mujeres con hijos pequeños que hacen o hicieron tratamiento para el problema de la dependencia de alcohol o drogas. El rol maternal de las entrevistadas se desarrolló y se desarrolla en un contexto familiar donde los fenómenos violencia, experiencias afectivas y uso de drogas están presentes.

DESCRIPTORES: *trastornos relacionados con sustancias; conducta materna; violencia*

MULHERES VIVENDO NO CONTEXTO DE DROGAS (E VIOLÊNCIA) - PAPEL MATERNAL

Embora o problema das drogas esteja mais presente entre homens, as mulheres constituem um grupo crescente e um subgrupo vulnerável, já que muitas estão envolvidas com a maternidade. O objetivo deste trabalho é apresentar os resultados parciais de um estudo etnográfico sobre as percepções, crenças e atitudes em relação ao papel maternal no contexto de mulheres com filhos pequenos que fazem ou fizeram tratamento para o problema da dependência de álcool ou drogas. O papel maternal das entrevistadas desenvolveu-se e desenvolve-se em um contexto familiar marcado pela violência, experiências afetivas e uso de drogas.

DESCRIPTORES: *trastornos relacionados ao uso de substâncias; comportamento materno; violência*

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INTRODUCTION

In the last decades we have observed accelerated changes in world scenery. The globalization process opened multinational frontiers, intensified the introduction of technology, opened markets and liberated national economies. The growing movement of people, property and services has also accelerated the transference of health risks for all populations. At the same time the relationship between health and the socio economic development has become increasingly complex. This process has strong interferences for population health and policy setting for both national and international health services. Essential concepts are how health is defined and the determinants of health in the most diverse social and cultural contexts.

The inclusion of the mental health theme on the priority list of international primary health has been recent. Mental illnesses are characterized as having a strong impact on the lives of the sick and those of their families. The impact of mental adversity is evaluated by the disruption that it causes in an individual's life, his/her family's life and also to the public health system⁽¹⁾.

Problems related to the use and abuse of alcohol and drugs are a source of global morbidity and mortality. Research reported by WHO verified that neuro-psychiatric diseases and auto-injuries represent 12 percent of the burden of disease at a global level. Dependence on alcohol and drugs contributed to 6 percent of the cases of neuro-psychiatric disease and auto-injury, thus representing the third most frequent diagnosis in the distribution of the 10 main groups of diseases⁽¹⁾.

Dependence on psycho-active substances is still a taboo theme in many countries, especially in regard to female dependence. Since the middle of the XVIII century alcohol was acknowledged as a disease and drug addiction was defined in the XIX century. Nevertheless during the period between 1970 and 1984 only 8 percent of participants in scientific research related to alcohol dependence were women and only 25 studies on dependence supported gender differences in the period between 1984 and 1989⁽²⁾.

In a study conducted by the Centro Brasileiro de Informação sobre Drogas (CEBRID) (The Brazilian Information Center on Drugs) during the year of 1999 in 24 larger cities of the State of São Paulo, it was revealed that the rate of alcoholism was of 77% among

men and 60 percent among women. The consumption of marijuana, cocaine and solvents was also higher among men. When compared to prior studies these data reveal a decrease in the difference in of drugs among young men and women. On average there is 1:2 female to male ratio in the consumption of these substances⁽³⁾.

In a study conducted in the city of Campinas on apprehension by the police during the period between 1993 and 1997, it was reported that the percentage of women involved police apprehensions increased from 10 to 16 percent. These findings could mean that women are increasing their consumption of drugs as well as their involvement in drug dealing⁽⁴⁾.

Although drug problems are more present among men this population, it certainly does not explain, neither does it justify a lack of knowledge that has persisted for so long about the issue of female drug dependency. Preconceived ideas are the most probably explanation for this. Women who use drugs are frequently labeled as negligent and are linked to stereotypes of women who are more aggressive, tend toward promiscuity, and fail in being able to carry out a domestic role^(2,5).

Although numerically less involved with the use of drugs, women are an increasing vulnerable subgroup as many are also mothers of young children. The relationship between children and their mothers inform their sense of self and their abilities to establish positive relationships. This also affects their feelings about assuming a maternal or parental role themselves one day and about women in general. In societies where mothers are in charge of their children's wellbeing, these children develop their sense of self basically in relation to that of their mothers⁽⁶⁾.

THE AIM

The aim of this study is to present partial findings from an ethnographic study about maternal role-related perceptions, beliefs and attitudes. This is done in the context of women with small children who are undergoing or underwent treatment for alcohol or drug addiction.

METHOD

Data were collected through individual

interviews with women who underwent or were undergoing treatment in a community service facility for alcohol and drug users. Through a list of 20 women we were able to establish contact with only two who met selection criteria that was established for this study. To be eligible to participate, women needed to be 18 years old or older and have small children up to the age of 5 years. Many of the women had abandoned the treatment and gone back to consuming drugs. Others had changed their address or did not have small children. This result showed us the necessity to review our selection criteria and procedure for recruiting volunteers.

Participants were asked to provide demographic data such as age, sex and family structure and to describe their experience with drugs in relation to motherhood. Interviews were recorded and lasted for about 2 hours each. Two general questions were asked. The first was, "Tell me about being a mother?" The second was, "What do you need to be a mother to your children?" Some auxiliary questions were used to help in the development of the interview. Non-participant observation and the field diary were also used to collect data.

Through reading the transcription of each interview and listening to the tape simultaneously appropriate corrections were made and the researchers became more familiar with the data. All identifying information was removed.

The interviews were subjected to an analysis of concealed content. Analysis of concealed content is a process used to identify, code and categorize primary models found in the data⁽⁷⁾. The researcher looks at the specific significance of the data and defines appropriate categories to organize the data. The concealed analysis increases the rigor with which the research is done as the researcher is always coding her interpretation of the intentions of the participants, as well as their words.

The first phase in the analysis was to code the data after reading, rereading, and listening to the interviews. Coding is defined as a process to identify words, phrases, subjects or concepts in the data in a way that a model can be identified and analyzed⁽⁸⁾. In this study, we looked for words, phrases, and sentences that represented beliefs, attitudes, behaviors and perceptions of the maternal role from the point of view of the drug involved women. The coding process happened at different times when we outlined the sections of text and put comments in the

left margin of the transcription. The next phase was the categorization of the data. Going back to the data, the underlined sections in the text were cut out and grouped into categories. The categories were put in separate files so that all the data were included in a meaningful way and easy to use. Finally, we tried to integrate the categories or reconstruct them in a way that would represent the general structure of the interviews of the drug involved mothers.

RESULTS AND DISCUSSION

The first respondent was 23 years old, had a child of 8 months and lived with her mother. Her child's father died when she was four months pregnant. She studied up to the 8th grade of high school. She had no income and never worked outside her home. The family lives in poverty. Her father died when she and her 2 brothers were children and her mother always worked. One of her brothers died when he was 7 and the other who was dependent on crack was killed by drug dealers a year before the interview.

The second respondent was 34 years old, married and the mother of 2 daughters, ages 4 and 6 years old. She is a university graduate but never worked in her area of study. Her husband preferred that she remained at home looking after the house and children. Her husband's job permits the family to lead a comfortable life. She was living in an acrimonious situation with her husband and had already been involved in various car accidents. The last one had happened two weeks before the interview.

THE ANALYSIS OF THE INTERVIEWS

The maternal role of the two respondents developed and is developing in a family context that is violent and where drug use is characteristic. In this study the family context is discussed as a unit from which we will observe the maternal role.

The family context influences, in a significant way, the beliefs, attitudes, and health and sickness behaviors of its members. Habits that influence health status such as diet, physical exercise and ways of facing stressful situations are strongly influenced by the family context. Alcohol and tobacco abuse are also influenced by the context in which one grew and are considered by some as a way of dealing with stress⁽⁹⁾.

THE USE OF DRUGS IN THE FAMILY CONTEXT

The story of drug use is present in both interviews. One informant believed that hereditary was a factor in alcoholism. *... my father said that there is a hereditariness in relation to drinking, as with my grandparents' brothers and sisters, most of them died as paupers...*

The other informant told us she spent most of her childhood living with the family of her uncle (i.e., her mother's sister's husband) where everyone used marijuana; her uncle is a drug dealer. *My mother's sisters, all of them also smoke marijuana...*

Both mothers began to use drugs when they were teenagers. In one of the interviews one notices social pressure as a motivator for the use of alcohol, *when I began (to date) I was fifteen years old and he was nineteen. So we had a small group of friends. So we used to go to a small bar and they laughed at me because I only drank orange juice. I think, I don't know, to try and be accepted by the group, to I think find it funny, I don't know I think it nice, I started to drink, but I think drinking is horrible.* For the other informant, experimentation was the reason she started using drugs, *I started smoking when I was sixteen years old. I wanted to try, I tried, I liked it and started to smoke.*

VIOLENCE IN THE FAMILY CONTEXT

Since childhood both informants lived through the experience of observing or being a victim of some kind of violent action. For one the violence involved her mother or herself and her father/stepfather. Later, she was the victim of spousal violence. She said, *... he used to swear at my mother, who likes this, see? Above all a stepfather, he used to reprimand my mother and then we used to argue...*

The other informant was also a victim of violence. She noted, *... my father was very repressive, see. All my life I was afraid of my father, see. My father was always a person like this, this here is like this, you have to leave it here. If you break it, you were hit if you broke the glass... because my father hurt me. He kicked me, hit me with a belt. When I was small, once, my mother hit me so much that I was all galled, on the butt... My father always humiliated my mother, you see.*

Family violence is differentiated from other types of violence found in society by the intimate character of "rapport" that exists between the aggressor and the victim and by the private nature of the relationship⁽¹⁰⁾. This kind of violence is found in

numerous categories in which the violence of parents in relation to their children and the violence between couples are described. Other types of violence that occur in the family environment are violence among brothers and sisters, the violence of teenagers in relation to their parents and finally the violence of adult children in relation to their elderly parents.

Some studies have supported the theory that many women who use and abuse of drugs were victims of physical and sexual abuse during their childhood. Of the 24 women who participated in a American research study, 21 suffered physical or sexual abuse during their childhood⁽¹¹⁾. Of these, 7 women were abused by their parents or another relative and one by a neighbor. Three were sexually explored by their parents for money or drugs. The women expressed a deep feeling of loss; they were not given a chance to give or receive love or develop a feeling of self value and confidence in themselves and in others.

AFFECTIVITY AND THE FAMILY CONTEXT

The absence of an affective family relationship during childhood makes the development of a maternal identity for the "self" difficult, limiting the possibility of positive experiences of physical contact, caring and socialization. The lack of a psychological structure to assume maternal responsibility represents a source of conflicts, leading to a feeling of failure in the parental role⁽¹²⁾.

One informant transmitted to the affective family context a negative component that she inherited from her relationship with her own mother. Her mother did not learn the role of being a mother so could not convey this either. The informant identified a pattern in her family that restrained the development of a more positive affective family context. This pattern continued for the daughter in her relationship her husband and she also recognized that this negatively affected her daughters. She said, *... unfortunately, my mother didn't pass security on to me, see, to pick the baby up, to give her a bath, it looks like a little "perereca" (a slang word for the feminine private parts), because my mother didn't receive caring ... my mother was brought up by her aunt, she never received mother love, so she doesn't know how to give mother love ... there was a flaw, there was a flaw, there it is! In her childhood, and I think it's something that has been going on for a long time. Yes,*

unfortunately I think that it's the caring that's lacking, this attention, you know, of going back to being a child, of playing. So I passed this on to my daughters, not on purpose, do you see.

Whereas the other informant described a positive family relationship in the context in which she grew up in spite of the difficulties she perceived. Although one observes that like her mother, she is bringing up her child without a father, who died when she was still pregnant, she sees in her mother a fighting woman and her uncles and aunts as social support whenever it is needed. She reported that, *My mother is a fighter, she brought my brother and me up alone, and my other brother died when he was 7. She brought us up alone, my father died, we were very small... She brought us up alone... I lived with them (uncles and aunts). Before I came to live here. Now that I'm living more with her... She had a husband and we didn't get on well. So I didn't like to stay with her because of this.*

In a study on the social representation of Brazilian teenage mothers, it was revealed that although the circumstances of financial, housing and affectivity needs, the teenagers project on maternity the deliverance of hope in life, through the expression of maternal caring idealized and distant from the psycho-social reality of the teenagers⁽¹³⁾.

THE MATERNAL ROLE AND THE FAMILY CONTEXT

Although it is possible to present maternity as an essential role for human development, it should be emphasized that the cultural context of the family determines the values and roles of its members. Understanding the cultural aspect of the family is essential to understanding its members' lives and the development of each person specifically⁽¹⁴⁾.

The informant who identified the use of drugs and a negative affective environment within the context of her family life, with events linked to heredity, described her maternal performance as excessively busy with providing physical care, feeding and fulfilling her schedule. She recognized that she had little ability to play with her daughters and that her conflicting relationship with her husband had negative implications for her daughters' development. She said, *The only bad thing that I feel in relation to the children and him and me, is that we argue in front of the children, there is a great sufferance on the 9-year-old one, as she doesn't want us to separate at all, so much so that she has threatened to kill herself and this worries me very much, for having*

psychological problems with her, see. The 4-year-old one doesn't understand yet, but she repeats what the older one says, for my husband curses me in front of them...

The other informant also described her maternal role as one of providing physical care and nutrition to her child. She included playing and going out with the child as important activities. Surprisingly, she considered that the use of drugs does not interfere with her performance as a mother. On the contrary, she said, *It seems that I took better care, see! I was high, so I put it in my head that I had to look after the baby see, so then I did everything correctly. I looked after him more, being high. Went out with him, changed him. It seems that when I'm clean I abandon him, shame ... as we smoke, it seems that with time, it seems that, the thing dominates you. It seems that you only do things if you use the stuff, therefore when you don't smoke you become sad, you don't feel like doing anything, you feel bored, you don't even feel hungry.*

FINAL CONSIDERATIONS

Findings provide us with important insights about the maternal role when it exists in a family context where drug use and violent encounters are present. The families of the informant were described as conducive to the development of conflicts and the production of suffering but also as a possible source of support. Both women had access to drugs in their family; one because her husband purchased alcohol for their home and the other because her uncle is a dealer.

A limitation of this study was the reluctance of women to volunteer to participate, perhaps because the thought it might jeopardize their safety or privacy. This limits the insights that we are able to gain about this experience so does not permit a serious study at this moment.

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