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RESEARCH

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SOCIAL REPRESENTATIONS OF MATERNITY PLANNING IN PREGNANT DRUG USERS

*Representações sociais do planejamento da maternidade em gestantes usuárias de drogas**Representaciones sociales de la planificación de la maternidad en embarazadas usuarias de drogas***Greice Carvalho de Matos¹** **Marilu Correa Soares²** **Ana Paula Lima Escobal³** **Diogo Henrique Tavares⁴** **Cândida Garcia Sinott Silveira Rodrigues⁵** **Ketelin Bauer Rodrigues⁶** 

ABSTRACT

Objective: to understand the Social Representations of planning and the desire to exercise motherhood. **Method:** qualitative, descriptive study, based on the Theory of Social Representations. 10 adolescents who experienced pregnancy and drug use were interviewed. Data analysis was performed using Discursive Textual Analysis. **Results:** lack of knowledge about aspects of sexual life and use of contraceptives was observed. The drug occupied an empty space of loneliness and fear, a found way of dealing with life's problems. Although many did not plan the pregnancy, this process motivated the decrease in substance use/dependence. **Conclusion:** the study revealed the need for dialogue about the pregnancy process in adolescence and drug use, as well as the importance of research that problematize this public health problem.

DESCRIPTORS: Rack; Cocaine; Women; Drugs; Adolescent;

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RESUMO

Objetivo: compreender as Representações Sociais do planejamento e do desejo de exercer a maternidade em gestantes usuárias de drogas que vivencia/vivenciou a gravidez na adolescência. **Método:** estudo qualitativo, descritivo, fundamentado na Teoria das Representações Sociais. Foram entrevistadas 10 adolescentes que vivenciaram a gestação e o uso de drogas. A análise dos dados foi realizada a partir da Análise Textual Discursiva. **Resultados:** os resultados apontaram falta de conhecimento sobre aspectos da vida sexual e uso de anticoncepcionais. A droga ocupou o espaço vazio de solidão e medo, sendo uma forma encontrada pelas adolescentes de lidar com os problemas da vida. Apesar de muitas não terem planejado a gestação, esse processo motivou a diminuição do uso da substância. **Conclusão:** o estudo revelou a necessidade de diálogo sobre o processo gestacional na adolescência e uso de drogas, bem como, a importância de pesquisas e ações governamentais que abordem este problema de saúde pública.

DESCRITORES: Cocaína; Crack; Gestante; Drogas; Adolescente;

RESUMEN

Objetivos: comprender las Representaciones Sociales de la planificación y el deseo de ejercer la maternidad. **Método:** estudio cualitativo, descriptivo, basado en la Teoría de las Representaciones Sociales. Se entrevistaron 10 adolescentes que vivieron el embarazo y el consumo de drogas. El análisis de los datos se realizó mediante análisis textual discursivo. **Resultados:** se observó desconocimiento sobre aspectos de la vida sexual y uso de anticonceptivos. La droga ocupaba un espacio vacío de soledad y miedo, una forma encontrada de afrontar los problemas de la vida. Aunque muchas no planificaron el embarazo, este proceso motivó la disminución del uso / dependencia de sustancias. **Conclusión:** el estudio reveló la necesidad de dialogar sobre el proceso del embarazo en la adolescencia y el consumo de drogas, así como la importancia de las investigaciones que problematizan este problema de salud pública.

DESCRIPTORES: Crack de cocaína; Mujeres; Drogas; Adolescente.

INTRODUCTION

Adolescence is a complex phase in the growth and development of human life. The biological changes are due to puberty and the consequent sexual and reproductive maturation. Psychosocial changes are linked to the structuring of the personality, the environment in which the adolescent is inserted and their social relationships.¹⁻²

The World Health Organization defines an adolescent as a human being between the ages of 10 and 19. The Statute of the Child and Adolescent considers adolescence to be the age group between 12 and 18 years old. Authors describe adolescence as a phase marked by doubts and uncertainties arising from the transition from childhood to adulthood and brings with it a period of vulnerability.³⁻⁴

The vulnerability to which adolescents are exposed is associated with changes in society's cultural values and standards, which can generate positive or negative social representations about both early pregnancy and drug use.⁵⁻⁶ According to the Ministry of Health (MoH), it is human nature to generalize processes, define them and represent them through expressions, actions and attitudes in relation to adolescent events.⁷

Teenage pregnancy is considered a public health problem due to the biological complications to maternal and newborn health, as well as the psychological and social impacts. Adolescent mothers are more likely to repeat unplanned pregnancies, drop out of school, be distanced from the job

market, have family conflicts, not have prenatal care, and have a weak support network due to discrimination by society.⁵⁻⁶

In addition to the process of teenage pregnancy, in recent years the association with drug use has also been a cause for public health concern, due to the damage it can cause to teenagers and their newborns.⁸⁻⁹

A study on drug use and teenage pregnancy found that crack was the substance most often used during pregnancy, followed by ethanol, marijuana and cocaine.¹⁰

A study carried out in Alagoas with female drug users during pregnancy emphasized that social representations of the process are negative, as they are anchored in situations such as guilt, shame, denial and lack of knowledge, resulting in conformity and low self-esteem in their daily context.¹¹

In addition, pregnant adolescent drug users are exposed to situations of prejudice and fear in the face of judgments imposed by society, often triggering the late start of prenatal care or its absence, increasing the risk of obstetric complications in the pregnancy-puerperium cycle.¹²

With this in mind, the research question was: What are the social representations of planning and the desire for motherhood among pregnant drug users who have experienced pregnancy during adolescence? The aim of the study was to understand the Social Representations of planning and the desire to exercise motherhood in pregnant drug users who have experienced pregnancy in adolescence.

METHOD

This is a descriptive study, with a qualitative approach,¹³ based on the Theory of Social Representations (TSR).¹⁴ The TSR in this study has the premise of understanding the social representations constructed about the planning and desire to exercise motherhood of pregnant drug users who experience/lived through teenage pregnancy.

This study was carried out in Pelotas, a municipality located in the extreme south of Rio Grande do Sul.¹⁵ Ten pregnant drug users who met the following inclusion criteria took part in the study: being a pregnant teenager between the ages of 10 and 19, or pregnant adults who had experienced teenage pregnancy; using some kind of drug during pregnancy; living in an urban area of the municipality; agreeing to the publication of the results in academic and scientific media, and allowing the use of a tape recorder during the interviews. The number of pregnant women was determined according to the criterion of data saturation, which consists of stopping the recruitment of new participants when there is a recurrence of information.

The initial research contexts were the Psychosocial Care Center - Alcohol and Drugs (CAPS-AD) and the Harm Reduction Program, but given the difficulty in finding participants with the study's inclusion criteria, data collection was extended to other services: Basic Health Units and a Civil Society Organization (CSO).

For data collection, a semi-structured interview with open questions was used. The data was collected by the lead researcher. The guiding questions for data collection were: What was it like for you to be a mother in your teens? Was your pregnancy planned? How did you organize your life after finding out you were pregnant?

We interviewed 10 pregnant women who were teenage drug users or who had experienced teenage pregnancy. It should be noted that all the women invited to take part in the study accepted the invitation, so there were no refusals. The interviews were audio-recorded and, after transcription, stored in a single file, lasting an average of 40 minutes each.

In order to preserve anonymity, the participants were identified with the initial "G" referring to the pregnant woman, plus their current age and the numerical order of the interview. Example: G14-1; G33-2.

The data was analyzed in the light of Textual Discourse Analysis (TDA), an interpretative movement inserted between the extremes of content analysis and discourse analysis.¹⁶

The ethical principles that guided this research correspond to Resolution 466/2012 of the National Health Council, of the Ministry of Health. This study was approved by the Research Ethics Committee of the Faculty of Medicine of the Federal University of Pelotas, under opinion no. 3.362.460 and CAAE 08613019.0.0000.5317, on June 1, 2019.¹⁷

RESULTS

Regarding the characterization of the study participants, it can be said that the age range varied from 16 to 33 years, six (60%) participants said they had a partner. With regard to level of education, two (20%) of the respondents were university graduates, while the others were elementary school graduates. Of the participants, three (30%) were working at the time of the interview. As for family income, two (20%) said they had no income, two (20%) said they earned less than one minimum wage (the minimum wage considered in this study was 998.00), five (50%) said they earned between one and two minimum wages and one (10%) said they earned three minimum wages. With regard to drug use, tobacco appeared in the discourse of six (60%) participants, five (50%) participants reported using marijuana, three (30%) reported using crack and one (10%) reported using cocaine. Of the participants in this study, seven (70%) continued to use drugs at the time of the interview, but three (30%) said they had stopped using drugs at some point during their pregnancy and justified their decision to do so because of the well-being of the fetus.

The following are the results of the data collected, examined using discursive textual analysis, against the backdrop of the theoretical framework of Social Representations, which resulted in the construction of the following categories of analysis:

"I almost died when I found out I was pregnant!" Social representations about the (un)planning of teenage pregnancy among drug users and *"I managed to organize myself and love my son unconditionally!"* Social representations about the exercise of motherhood by drug-using women who were mothers during adolescence.

I almost died when I found out I was pregnant! Social representations about the (un)planning of pregnancy in adolescent drug users.

When the study participants were asked about the planning of their pregnancy, the majority emphasized that it was unplanned. The testimonies are marked by negative representations of what they understood the gestational process to be. Lack of knowledge about how to prevent pregnancy, feelings of surprise, despair and abandonment were mentioned by the participants.

I almost died when I found out I was pregnant, I was terrified. I didn't take care of myself because I didn't think I was going to get pregnant, so it was a huge scare. But I went through a lot, my boyfriend treated me with contempt, he thought I had cheated on him. (G32.3)

[...] *when I found out I almost freaked out twice, because I was already hospitalized, then I started to get sick, they did tests, they found out I was pregnant. [...] I forgot my medicine sometimes. (G25.10)*

[...] *I didn't take the test because I was afraid of the reality, then my boyfriend started pestering me to take the test [...] (G17.8)*

The speeches reveal a lack of planning, as well as a lack of understanding of the process of pregnancy in a woman's life. The

adolescents anchored themselves to the fact that other women didn't get pregnant to justify not using contraceptive methods. When they did, it was wrongly and irregularly.

Loneliness and prejudice due to teenage pregnancy and drug use were emphasized in the speeches of G29.2 and G33.4.

It was very difficult, at that time there was a lot of prejudice, I lost a lot of friends because they thought I was a bad influence, so nowadays I feel very alone, now with the pregnancy it seems to be worse because I didn't want to be a mother anymore. (G29.2)

When you are a pregnant teenager and a drug user, you are judged and suffer prejudice from all sides. (G33.4)

G29.2 and G33.4 talk about the negative feelings that teenage drug users face, because as well as dealing with unplanned early pregnancy, they face the stigma that drugs represent in society. However, they reveal that it is often in drugs that they find the support not offered by the social environment in which they live, as reported by G32.3.

In the moments of despair when I found out I was pregnant, it was [cigarettes] that I held onto the most. (G32.3)

From a Muscovite perspective, social relationships are fundamental, because through dialog with their social circle, adolescents can create their expectations, build knowledge through access to information and share their social representations on the subject of teenage pregnancy and drug use.

Unlike the participants who didn't plan to become pregnant as teenagers, G16.1's discourse emerges.

I planned it, my friends and I made bets to see who would get pregnant first, when I did I was very happy because I had always wanted to be a mother. (G16.1)

G16.1 planned to be a mother and even made bets with her friends to see who would get pregnant first. During the interview, the participant said she hadn't had a bond with her mother since childhood, which presupposes her desire for motherhood in order to make up for the lack of a mother in her life.

"I managed to organize myself and love my son unconditionally"! Social representations about the exercise of motherhood by female drug users who were mothers during adolescence.

Regardless of whether the teenage pregnancy was planned or not, it was possible to see in the speeches that they "wanted" to exercise motherhood, proposing to look after and support the child they had given birth to.

As soon as I confirmed that I was pregnant, I put it in my head that I was going to take care of the child that was on the way, and that's when I cut down on the amount of crack, that's when I chose to only use it at night, of my own free will. (G33.4)

My pregnancy wasn't planned, but nobody asks to come into this world, so after the scare, I managed to organize myself and love my son unconditionally. (G29.2)

I didn't plan it, but I soon got used to the idea of being a mother. I chose to try and cut down on smoking, but people have to understand that I'm not going to love my daughter any less just because I smoked. (G30.5)

The participants' speeches show that they anchor themselves in pregnancy in order to verbalize their desire to maintain the pregnancy and to take the initiative of trying to reduce the pattern of drug use for the sake of the well-being of the unborn child.

DISCUSSION

When analyzing the socioeconomic profile of the participants in this study, the findings are similar to those of other studies. One study¹¹, which sought to understand the social representations of women about the use of psychoactive substances during pregnancy, emphasized that most of the participants were also distant from the job market, had a low level of schooling for their age and a low family income. In another study¹⁸ pregnant drug users had low levels of schooling and were distant from the job market. Most of the participants in this study said they were having prenatal care at some health service in the municipality. In this respect, similar results were found in a study¹⁹ which sought to verify the perceptions of women who had used psychoactive substances during pregnancy and found that the majority had not planned their pregnancy, but were attending prenatal care services in the healthcare network.

"I almost died when I found out I was pregnant!" Social representations about the (un)planning of pregnancy in adolescent drug users.

Teenage pregnancy is still considered a social problem because pregnant teenagers need to experience adulthood early, taking on responsibilities in parallel with a maturing process that is still underway, and constantly seeking acceptance from the social environment in which they live. Society demands that teenagers who become mothers show that they are capable of motherhood.^{6,20}

Pregnancy in adolescence is represented in society with negative SRs, since the concept of "irresponsibility", "transgressive situation", "social problem" prevails. In this context, family members tend to find it difficult to go against social thinking, often anchoring themselves to socially constructed concepts, aiming at conceptions of non-acceptance of teenage pregnancy.²¹

It is worth noting that in this study, situations of guilt and fear of rejection by the partner emerged in the face of the occurrence of the unplanned pregnancy, which caused the participants to feel lonely and socially helpless.

Pregnancy in adolescence can be unplanned, and the main reasons given are lack of sex education, family planning and misuse of contraceptive methods.¹⁻²

In the participants' speeches, we can see that they didn't plan their pregnancies. The participants anchored themselves to the fact that other women didn't get pregnant either, aiming for

the RS of "it won't happen to me"; in this sense, they didn't use contraceptive methods and when they did, it was in the wrong way. In this line of thinking, authors point out that the majority of pregnancies in this period of human life are unplanned. Sexually active adolescents do not use contraceptive methods, although access to preventive measures is encouraged in health services. Another reason for not planning pregnancies may be due to the lack of knowledge among adolescents.²⁰⁻²¹

In this study, as well as not planning the pregnancy, the initial rejection of pregnancy emerged in the participants' speeches. Even though the interviewees had symptoms that indicated they were pregnant, they chose to put off seeking health services. In their speeches, it was clear that they chose to let time pass and, consequently, wait for their bellies to grow before confirming their pregnancy. There was a dichotomy between wanting and not wanting, as if only after the first symptoms appeared would they accept the fact that they were becoming mothers prematurely. The fact that they are drug users justifies this rejection, because as long as there is no confirmation of pregnancy, they can continue using drugs, without the anxiety that they are compromising the health of the fetus. In this sense, a study that sought to describe the perspective of drug-using women showed that the majority of pregnant drug users had not planned their pregnancy.²² Pregnant drug users tend to be apprehensive about the fact that the drug will harm the fetus and, regardless of their condition, women feel guilty about possible risks to the fetus, taking responsibility for their health. Thus, she lives daily with loneliness and the fear of failing in the eyes of society as a mother who must give birth and care.^{18,22}

On the other hand, although for an adolescent pregnant woman, this study problematizes the fact that pregnancy in adolescence can be planned. In this sense, a similar result was found in the literature, considering that teenage pregnancy can also happen in a planned way, with many teenagers understanding motherhood as maturing and restructuring their lives, seeking social ascension in the environment in which they live.²¹

According to Muscovy, it is possible to assume that adolescents who have planned pregnancies are looking to familiarize themselves with motherhood, with a view to reproducing what they have not experienced. This is the purpose of Social Representations, to "feel at home" in the face of something unfamiliar, to get closer to an object, even if this involves conflict with the social environment.¹⁴ In this sense, studies show that adolescents with conflicting intra-family relationships and a weakened support network tend to plan early pregnancies in order to meet emotional needs, as well as seeking to conquer their role as a woman/mother in society.^{5,20}

"I managed to organize myself and love my son unconditionally"! Social representations about the exercise of motherhood by female drug users who were mothers during adolescence.

Regardless of whether the pregnancy was planned or not, the women in this study expressed their acceptance of the pregnancy and their desire to play the role of mother in the social context, demonstrating their concern to change their patterns of drug use in order to reduce possible complications for the fetus, corroborating

studies which show that pregnancy is often the starting point for reducing or stopping drug use. Pregnant drug users tend to use pregnancy as an incentive to make a decision to change the context of their lives.^{11,23} It should be emphasized that a reduction, change in the pattern of consumption, abstinence or maintenance of use cannot be a trigger for judgment by the social environment.

The speeches presented show that regardless of their status as drug users, women have the desire to be mothers. In this context, drugs are an additional hardship, as they have to worry about the possible consequences of using drugs for the fetus and, above all, they have to face prejudice. Drugs are just one factor in the context of these women's lives and motherhood is indifferent to drug use, because having a child is inherent to being a drug user or not, as any woman can experience it in different life contexts.²³ In this context, it is believed that multidisciplinary work in health services is fundamental to fostering social dialogue with regard to family planning and welcoming pregnant drug users, seeking to support them, making them aware of the effects of drugs, but always respecting their choices of whether or not to continue using them.

FINAL CONSIDERATIONS

This study made it possible to understand the social representations of planning and the desire to become a mother among pregnant drug users who have experienced teenage pregnancy.

The lack of information about sexual life and contraceptive methods seems to have influenced the early pregnancy of the participants in the study.

While some adolescents had not planned their pregnancies, one said she had thought about the possibility of motherhood beforehand. Some did not use contraceptives and others used them incorrectly. It was not possible to determine whether the lack of adherence to contraceptive methods was due to difficulties in understanding how to use them or to the impasses in the health services when it came to dealing with this population.

During pregnancy, drugs were used to fill a void arising from the emotional and social fragilities faced throughout life; however, pregnancy seems to have motivated them to face chemical dependency in order to reduce their use and try to stop.

We can see that the women in this study have shown that, even in the face of social (dis)protection, they are capable of making a fresh start. They fall down and get up, and despite the adversities they face, they are able to fight and want to exercise motherhood.

The limitations of this study were the difficulty in finding participants who met the inclusion criteria. Also, the complexity of the subject and the negative social stigma towards pregnant drug users may have led to difficulties in expressing themselves.

It is hoped that the results presented will make it possible to problematize the stigma surrounding the care of pregnant drug users who, in the reality of health services, receive care permeated by judgments and (pre)concepts. However, it was clear that this population, which is often invisible in the eyes

of the health services, seeks the well-being of their children, loves them and wants to provide care.

The distance between health professionals and the care given to pregnant women who use licit or illicit drugs justifies the need for new studies that seek to understand the social representations that health professionals construct in their context of life, as we believe it is important to break down the barrier that exists between professional and user, through the (re)construction of practice from a perspective of (re)creation of social representations.

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