



## SOCIO-AFFECTIVE STRATEGIES USED BY FAMILIES OF WOMEN WHO ARE CRACK USERS

### ESTRATÉGIAS SÓCIO-AFETIVAS UTILIZADAS POR FAMILIARES DE MULHERES USUÁRIAS DE CRACK

#### ESTRATEGIAS SOCIO-AFECTIVAS UTILIZADAS POR FAMILIARES DE MUJERES USUARIAS DE CRACK

Lieni Fredo Herreira<sup>1</sup>, Michele Mandagará de Oliveira<sup>2</sup>, Paola de Oliveira Camargo<sup>3</sup>, Vania Dias Cruz<sup>4</sup>, Carla Luciane dos Santos Borges<sup>5</sup>

#### ABSTRACT

**Objective:** to know the socio-affective strategies used by family members during the maternity process of women users of crack. **Method:** a qualitative study based on semi-structured interviews with five relatives of mothers using crack. The data were produced at the residence of each participant and analyzed using the Content Analysis technique, in the Thematic Analysis modality. Results: some relatives presented an overload in relation to the care of the child and reported that they left their activities aside to provide care and support to the children and users during this process. **Conclusion:** It is believed that the needs of family members should be prioritized by the health services and also by researchers, especially as they are the main support network for women who use crack during the maternity process. **Descriptors:** Family Relations; Crack Cocaine; Social Support; Pregnancy; Caregivers; Women.

#### RESUMO

**Objetivo:** conhecer as estratégias socioafetivas utilizadas por familiares durante o processo de maternidade de mulheres usuárias de crack. **Método:** estudo qualitativo realizado a partir de entrevistas semiestruturadas com cinco familiares de mães usuárias de crack. Os dados foram produzidos na residência de cada participante e analisados a partir da técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** alguns familiares apresentaram sobrecarga em relação aos cuidados da criança e referiram que deixaram as suas atividades de lado para prestar cuidado e apoio às crianças e às usuárias durante esse processo. **Conclusão:** acredita-se que as necessidades dos familiares devem ser priorizadas pelos serviços de saúde e também por pesquisadores, especialmente, por serem eles a principal rede de apoio das mulheres usuárias de crack durante o processo de maternidade. **Descritores:** Relações Familiares; Cocaína crack; Apoio social; Gravidez; Cuidadores; Mulheres.

#### RESUMEN

**Objetivo:** conocer las estrategias socioafectivas utilizadas por familiares durante el proceso de maternidad de mujeres usuarias de crack. **Método:** estudio cualitativo realizado a partir de entrevistas semiestruturadas con cinco familiares de madres usuarias de crack. Los datos fueron producidos en la residencia de cada participante y analizados a partir de la técnica de Análisis de Contenido en la modalidad Análisis Temático. **Resultados:** algunos familiares presentaron sobrecarga en relación a los cuidados del niño y mencionaron que dejaron sus actividades de lado para prestar el cuidado y apoyo a los niños y las usuarias durante este proceso. **Conclusión:** se cree que las necesidades de los familiares deben ser priorizadas por los servicios de salud y también por investigadores, especialmente por ser ellos la principal red de apoyo de las mujeres usuarias de crack durante el proceso de maternidad. **Descritores:** Relaciones Familiares; Cocaína Crack; Apoyo Social; Embarazo; Cuidadores; Mujeres.

<sup>1</sup>Master student, Postgraduate Program in Nursing, Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: [lienierherreiraa@hotmail.com](mailto:lienierherreiraa@hotmail.com) ORCID: <https://orcid.org/0000-0003-2069-3839>; <sup>2</sup>PhD, Nursing School, Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: [mandagara@hotmail.com](mailto:mandagara@hotmail.com) ORCID: <http://orcid.org/0000-0002-7914-9339>; <sup>3</sup>Master (Doctorate student), Postgraduate Program in Nursing, Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: [paolacamargo01@hotmail.com](mailto:paolacamargo01@hotmail.com) ORCID: <http://orcid.org/0000-0002-9169-7602>; <sup>4</sup>PhD, Federal University of Rio Grande / UFRS. Pelotas (RS), Brazil. E-mail: [vania\\_diascruz@hotmail.com](mailto:vania_diascruz@hotmail.com) ORCID: <http://orcid.org/0000-0001-9729-2078>; <sup>5</sup>Master (Doctorate student), Postgraduate Program in Nursing, Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: [c.l.borges@hotmail.com](mailto:c.l.borges@hotmail.com) ORCID: <http://orcid.org/000-0003-0535-8768>

## INTRODUCTION

The use of psychoactive substances during the maternity process can cause some complications in the health of the woman, such as pre-eclampsia, placenta detachment and preterm labor<sup>1</sup> and, also, consequences for the newborn, such as low birth weight.<sup>2</sup>

Some women who use psychoactive substance during the process of motherhood have feelings of guilt and frustration, when they feel unable to care for the child or, often, deny motherhood through a relationship of proximity and exclusiveness with the drug.<sup>3,4</sup>

The feeling of guilt and inability to care for a child, reported by women users of psychoactive substances, during the maternity process, causes some to leave the care of their children with the next of kin.<sup>5</sup>

The family is still seen as the basic nucleus of society, demarcating the behavior of individuals. However, it has been modified over time and acquired new configurations in its composition, new habits, as well as the organization of its members and their roles before the family.<sup>6,7</sup>

The family is largely responsible for the individual's cultural and affective development. It is indispensable for survival and protection. Therefore, when one has an illness member, the whole structure of the family and its members are affected.<sup>8</sup>

When the family has a member involved with the use of psychoactive substances, it has moments of disruption and insecurity. These difficulties in the family relationship can be explained by the lack of the maternal or paternal figure, which makes it difficult to develop behavior and education of its members.<sup>9,10</sup>

In this context, the literature reveals that the topic about relatives of users of psychoactive substances still needs research. This gap makes the subject of extreme relevance in the academic environment, since drug abuse is a case of public and social health.

Thus, with the thought in the family organization as one of the tools to support pregnant women who use drugs, this study proposes the following question: Which socio-affective strategies used by relatives during the maternity process of women using crack?

## OBJECTIVES

- To know the socio-affective strategies used by relatives during the maternity process of women who use crack

- Identify the organization of the family constitution and its support networks.

## METHOD

This research is qualitative in nature. Data collection was performed through the application and recording of semi-structured interviews, addressing the experiences and feelings that the family members experienced during the maternity process of women users of crack. The research was carried out in a city in the south of the state of Rio Grande do Sul. Data were collected at the residence of each family and within the territory in which they are inserted. The collection was carried out during the month of October, 2015, through scheduled interviews with family members during the visits of an extension project.

The target audience for this research were the relatives of women who had used crack during pregnancy. One member of each family was interviewed. Five family members were chosen by the user herself, according to the strongest bond she had to compose the sample of this study.

Data analysis was performed based on the Thematic Analysis, proposed by Minayo, and was based on the raw data collected from the collection. This information was analyzed in three steps: pre-analysis, material exploration and data processing. The interviews were transcribed and identified. Family members were identified with the letter F, followed by numeration in ascending order, thus preserving their anonymity. After this stage, the data were read and organized so that they could be interpreted and grouped into themes.<sup>11</sup>

The main theme was called " Socio-affective strategies used by family members during the maternity process of women users of crack ", which was divided into four sub-themes: " The moment the family member / knew about pregnancy "; " Care strategies "; " Main difficulties reported by family members on day-to-day care "; " Support networks ".

The criteria for the selection of study participants were the family being accompanied by the extension project "Health Promotion in the Territory: Follow-up of Daughters of Alcohol, Crack and Other Drug Users", linked to the Faculty of Nursing of the Federal University of Pelotas / UFPel, and the relative is over 18 years old. Participants signed the Informed Consent Term (TCLE).

The work was submitted to Plataforma Brasil and had the approval of the Ethics and Research Committee of the Faculty of Nursing

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of the Federal University of Pelotas / UFPel on opinion number 1,213,034. Ethical principles were ensured in accordance with Resolution No. 466/12, of the National Health Council of the Ministry of Health, which deals with research involving human beings.<sup>12</sup> The resolution of the Federal Nursing Council (COFEN) 311/2007, was also considered; Chapter III of the Code of Ethics for Nursing Professionals (2007), which deals with Duties in Articles 89, 90 and 91 and 92 and Prohibitions in Articles 94 and 98.<sup>13</sup>

## RESULTS

The study participants were three women, mothers of the users and two men, one of them father and the other uncle of the same.

The family's feelings about the discovery of gestation were observed and all reported support when necessary, even disagreeing on the use of crack, as explained in the following statements.

*[...] I had to support as always, I would never let her go around in that situation, I gave strength, gave what I could, what was within my reach in the case. [...]* (F1)

*[...] I took her when she went to get the baby, came here, we took care of her, both her, and the girl [...] did not want to miss anything.* (F2)

*[...] when she discovered the pregnancy I was upset, this life that you are taking in the street, still gets pregnant, what will be of that child. [...]* (F5)

*[...] After he was born by his mother to walk a lot in the street, she did not have the structure to take care of him, I had to stop working, then the thing started to take a little [...] I already had to start to depend more on the help of other people in order to be able to maintain. [...]* (F1)

*[...] I would send food, if something was missing we would give it ... I would give food, I would ask the father to reach there in front ... the granddaughter would come here. [...]* (F2)

*[...] I would take it to school, and I took care of it and even my bank left, and I took care [...] the financial part was difficult, I had to make a loan, because I would never let my grandchildren have a hard time. [...]* (F3)

*[...] today I want more is for her to assume it, I want more is to give her this position and to be more grandmother than mother, I am struggling to see if that happens. [...] he has to fight with her to stay with her son a little more in the house, but nowadays she is much better [...] she has created this responsibility, and I put her in the obligation to stay with him. [...] why if I do not go out too, my head has hours that explode. [...]* (F1)

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*What time for me? I do not have it, I do not have it. I know I need to, I do not even have time to talk to my husband because he's always in a turbulence here at home [...] I'm very tired, it's a lot of collection, it's very complicated here at home, but I think that the most impaired here I am, one that I carry, I help, I charge. [...]* (F2)

*So I was very loaded then my son, there he gave a problem with him in the prison too, it was concern with her, with grandson and with the son in the prison [...] But there are hours that the person also seems not to go I hold on to God, I take my Bible, I pray, I love going to church, the church is my refuge. [...]* (F3)

*After he was born I had the help of a lot of people. My companion helping me, my mother, my cousin that for all I needed was with them that I could count, I had a lot of help from them all [...] until he was born I always worked, always I was my own support [ ...]* (F1)

*Support I had yes, I always had of my cousin her who always supported me. To talk, to vent, advice ... I usually go there in the afternoon [...] [...] weekend is sacred, Saturday and Sunday I always go to her house.* (F2)

*The people in the family do not help, the person who helped me was the social worker [...] because if you do not have support it is very difficult. [...] I have a foster sister, when she was not working I would call, I would go to her house, she would unburden herself, she would listen to me very much. [...]* (F3)

*[...] the people where I work who help me a lot, my employer is very good for me [...] and with this person I am relating to ... she is always helping them and she loves them very much [...] here on the side of the neighbor too, she comes back with a milk carton every now and then, everybody helps him. [...]* (F4)

*[...] she helps me, who is always here [...] I feel good, because I know that if I need her she is there, she will tell someone I need. [...]* (F5)

## DISCUSSION

It is noted that the participants demonstrated close and worried about the family members who used crack, since the period when they were pregnant. Thus, they try to be present throughout the process of maternity, in which, often, these women move away from friends, family and children.<sup>14</sup>

It is observed that the family is always the main support. Even though there are certain conflict relationships between them, which is often related to the behavior of each user, it is with them that they count at all times. The



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family is seen as an essential part of drug users' lives, providing the emotional, financial support they need.<sup>15</sup>

Participants at certain times abandoned their activities, to support their family member that uses crack and also the child. The routine changes with the arrival of a child, since they are responsible for school, health, education, in addition to daily care, which makes these family members have an overload and often abandonment of their social activities.<sup>16</sup>

Financial overload is a problem encountered by relatives of users of psychoactive substances, but we can point out that not only does this affect their lives, but also their family relationships.<sup>17</sup>

Relatives often move away from their routine activities to provide support to the user and thus end up suffering from an overload, being often the only one to offer this care.<sup>18</sup>

Overload involves many aspects regarding symptoms and behaviors, which cause breakdowns of routines and family dynamics. These events disrupt the routine of the limbs and require them extra care tasks, causing chronic stress.<sup>19</sup>

When only one family member becomes overwhelmed, this presents not only financial problems but also impaired health quality. Tiredness, emotional exhaustion, depression and interference in social life are some examples, since this individual moves away from their leisure activities to provide care to the family / friend.<sup>16</sup>

Conflict relationships are also found between family and user. This relationship goes through different moments, some of compassion, willingness to help, being tolerant, feelings of anger, distrust and despair. However, these feelings must be worked out so that the relatives can provide support and care to the user.<sup>20</sup>

When families are overburdened, with financial and social difficulties, they present an increase in vulnerability, needing a support network that receives a host, as well as their friends and social groups closer.<sup>21</sup>

The family appears as the main support for crack users, accumulating problems that compromise their physical and emotional conditions due to the social prejudice they suffer from having a familiar user of psychoactive substances. The family member who provides this support, often the mother or father, isolates himself socially and then realizes that the caregiver should also be

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cared for and receive appropriate treatment.<sup>09</sup>

The first people that are called are those closest to the family, such as the spouse, siblings and mothers, and then the neighbors, friends and co-workers appear.<sup>22</sup>

## CONCLUSION

This study reached the proposed goal of knowing the strategies (socio-affective) used by family members during the maternity process of women users crack. We identified family members who receive and provide care and support during this process, even in the face of all the social vulnerability of the pregnant woman and family.

The crack user's support network is centered on the family nucleus, in which they ask for emotional and financial help for those closest to them, such as mother, partner, and, in some cases, other close family members.

The emotional overload and the rupture of family routines are highlighted due to the care given to the child, since many isolate themselves socially and even quit their job, abruptly reducing monthly income.

In this scenario, the mobilization of the three governmental agencies is perceived timidly, in the sense of unified actions that can empower families through preventive education, financial and psychological support so that these are the mainstay for women who use crack. In addition to these limitations, the study also identified the lack of an educational policy as one of the preventive measures to abuse drugs. Another important point was the difficulty in finding in the international literature studies with approach in the family as support network.

Regarding the implications, research acts as a trigger for the reflection of educational processes, health education institutions, the responsibilities of public power, the individual, the family and society, working in a network to change social and social inequities and of health.

As contributions to Nursing/health it is believed that the needs of family members should be prioritized by the health services and, also, by researchers, especially as they are the main support network for women who use crack during the maternity process. Often, the family members of users end up falling into oblivion, since the focus is always on the use of the substance. New studies are suggested that cover the family theme, so that she also receives the expected and deserved support.

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#### **Corresponding Address**

Lieni Fredo Herreira  
Rua Gomes Carneiro, 1  
Bairro Centro  
CEP: 96010-610 – Pelotas (RS), Brazil